

**Tri-County
Behavioral Healthcare
Board of Trustees
Meeting**

December 5, 2024



Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, December 5, 2024. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:00 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

- I. **Organizational Items**
 - A. Chair Calls Meeting to Order
 - B. Public Comment
 - C. Quorum
 - D. Review & Act on Requests for Excused Absence
- II. **Approve Minutes - October 24, 2024**
- III. **Program Presentation - Life Skills Christmas Carolers**
- IV. **Presentation of Awards to Consumer Christmas Card Contest Winners**
- V. **Presentation - Recognizing Barbara Duren for Housing Board Service**
- VI. **Executive Director’s Report - Evan Roberson**
 - A. HCS Survey
 - B. Legislative Updates
- VII. **Chief Financial Officer’s Report - Millie McDuffey**
 - A. FY 2024 Audit
 - B. Public Health Provider - Charity Care Program - (PHP-CCP) Cost Report
 - C. Cost Accounting Methodology (CAM - Cost Report)
 - D. FY 2024 HCS and MEI Cost Reports

VIII. **Program Committee**

Action Items

- A. Approve the Local Provider Network Development Plan for FY 2025 7-33
- B. Approve the Mental Health (MH) Consolidated Local Service Plan for FY 2025 34-118
- C. Appoint New Mental Health Planning Network Advisory Committee Member 119
- D. Appoint New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member 120

Information Items

- E. Community Resources Report 121-124
- F. Consumer Services Report for October 2024 125-127
- G. Program Updates 128-133
- H. Annual Corporate Compliance Report 134-138

IX. Executive Committee

Information Items

A. Personnel Report for October 2024.....	139-141
B. Texas Council Risk Management Fund Claims Summary as of October 2024.....	142-143
C. Texas Council Quarterly Board Meeting Update.....	144
D. Board of Trustees Reappointment and Oath of Office.....	145-150

X. Business Committee

Action Items

A. Approve October 2024 Financial Statements.....	151-164
B. Appoint New Director for the Independence Communities, Inc. (ICI) Board.....	165
C. Reappoint Independence Communities, Inc. Board of Directors.....	166
D. Reappoint Cleveland Supported Housing, Inc. Board of Directors.....	167
E. Reappoint Montgomery Supported Housing, Inc. Board of Directors.....	168

Information Items

F. Board of Trustees Unit Financial Statements for October 2024.....	169-170
G. Cleveland Building Updates.....	171

XI. Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney.

Posted By:

Ava Green
Executive Assistant

BOARD OF TRUSTEES MEETING
October 24, 2024

Board Members Present:

Patti Atkins
Gail Page
Sharon Walker
Richard Duren
Tim Cannon
Carl Williamson
Morris Johnson

Board Members Absent:

Tracy Sorensen
Jacob Paschal

Tri-County Staff Present:

Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Tanya Bryant, Director of Quality Management and Support
Sara Bradfield, Chief Operating Officer
Kenneth Barfield, Director of Management Information Systems
Kathy Foster, Director of IDD Provider Services
Beth Dalman, Director of Crisis Access
Stephanie Ward, Director of Adult Behavioral Health
Melissa Zemencsik, Director of Child and Youth Behavioral Health
Yolanda Gude, Director of IDD Authority Services
Andrea Scott, Chief Nursing Officer
Ashley Bare, HR Manager
Darius Tuminas, Controller
Tabatha Abbott, Manager of Accounting
Ava Green, Executive Assistant

Legal Counsel Present: Jennifer Bryant, Jackson Walker LLP

Sheriff Representatives Present: None present

Guest(s): Mike Duncum with WhiteStone Realty Consulting

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:08 a.m.

Public Comment: No public comment

Quorum: There being seven (7) Board Members present, a quorum was established.

Resolution #10-24-01

Motion Made By: Gail Page

Seconded By: Sharon Walker, with affirmative votes Morris Johnson, Tim Cannon, Carl Williamson and Richard Duren that it be...

Resolved:

That the Board approve the absence of Tracy Sorensen and Jacob Paschal.

Resolution #10-24-02

Motion Made By: Morris Johnson

Seconded By: Gail Page, with affirmative votes Sharon Walker, Tim Cannon, Carl Williamson and Richard Duren that it be...

Resolved:

That the Board approve the minutes of the September 26, 2024 meeting of the Board of Trustees.

Board Presentation: Longevity Recognitions

Board Training: Streamline Healthcare Solutions

Agenda was suspended to move up Agenda Item IX – E, Cleveland Building Updates, of which Mike Duncum gave an update on the current construction progress of the new Cleveland Site, 402 Liberty St, Cleveland, Texas.

Executive Director’s Report:

The Executive Director’s report is on file.

- Legislative Updates
 - LAR Highlights
 - ACRE
- Managed Care Contracts

Chief Financial Officer’s Report:

The Chief Financial Officer’s report is on file.

- FY 2024 Audit Update
- Update from Streamline Healthcare Conference
- Public Health Provider – Charity Care Program (PHP-CCP) Cost Report
- Questica/Power Plan Budgeting Software

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Report for September 2024 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for September 2024 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of September 2024 was reviewed for information purposes only.

The Board of Trustees Reappointment and Oath of Office will be postponed to December 5, 2024 due to the absence of Jacob Paschal.

BUSINESS COMMITTEE:

Resolution #10-24-03

Motion Made By: Morris Johnson

Seconded By: Richard Duren, with affirmative votes by Gail Page, Sharon Walker, Tim Cannon and Carl Williamson that it be...

Resolved: That the Board approve September 2024 Financial Statements.

The HUD Updates (Cleveland, Montgomery and Huntsville) were reviewed for information purposes only.

The Tri-County Consumer Foundation Board Update was reviewed for information purposes only.

The Board of Trustees Unit Financial Statement for September 2024 was reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:54 a.m.

Adjournment:

Attest:

Patti Atkins Date
Chair

Jacob Paschal Date
Secretary

<p>Agenda Item: Approve the Local Provider Network Development Plan for FY 2025</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>December 5, 2024</p>
<p>Background Information:</p> <p>The Local Provider Network Development Rule requires that the Center complete a Local Planning process every two (2) years. The goal of the plan is to explain how the Center will comply with the Provider Network Development Rule by serving primarily as the overseer of mental health services rather than the provider of these services.</p> <p>As a part of the local planning process which began earlier this year, Tri-County staff sought input from local stakeholders about the services that they would like to see a choice of providers for, and provided information on how potential providers may submit interest and information. During this year’s planning process, we did not receive any provider interest or inquiry forms from the Texas Health and Human Services Commission’s website.</p> <p>Per Rule, Tri-County staff have posted the draft plan on the Center website for public comment for up to 30 days and have reviewed the plan with the local Mental Health Planning and Network Advisory Committee (PNAC). Review of the plan by the Regional PNAC is scheduled for December 11th and comments, should any be received at that time, will be added into the plan prior to submission.</p> <p>Finally, it should be noted that due to delays in HHSC’s release of the template for this plan, this plan has been named the FY 2025 LPND plan even though it was completed in FY 2024 and is in compliance with timeframes required by Texas Administrative Code.</p>	
<p>Supporting Documentation:</p> <p>Draft Local Provider Network Development Plan for FY 2025</p>	
<p>Recommended Action:</p> <p>Approve the Local Provider Network Development Plan for FY 2025</p>	



**Tri-County Behavioral Healthcare
Local Provider Network Development Plan
2025**



Local Provider Network Development Plan: Fiscal Year 2025

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) complete the Local Provider Network Development (LPND) plan and submit in Word format (not PDF) to Performance.Contracts@hhs.texas.gov **no later than December 31, 2024.**

LMHAs and LBHAs are required to complete Part I, which includes providing baseline data about services, contracts, and documentation of the LMHA's or LBHA's assessment of provider availability; and Part III, which outlines Planning and Network Advisory Committee (PNAC) involvement and public comment.

HHSC only requires LMHAs and LBHAs to complete Part II if there are new providers interested to include procurement plans.

NOTES:

- This process applies only to services funded through the Mental Health Performance Contract Notebook (MH/PCN); it does not cover services funded through Medicaid Managed Care. Throughout the document, only report data for the non-Medicaid population.
- The requirements for network development pertain only to provider organizations and complete levels of care or specialty services. Local needs and priorities govern routine or discrete outpatient services and services provided by individual practitioners, and these services are not part of the assessment of provider availability or plans for procurement.
- When completing the template, ensure conciseness, specificity, and use bullet points where possible, providing information only for the period since submitting the fiscal year 2023 LPND plan and adding rows in tables as necessary for responses.

PART I: Required for all LMHAs and LBHAs

Local Service Area

1. Provide information in table 1 about your local service area using data from the most recent Mental and Behavioral Health Outpatient Warehouse (MBOW) data set on LMHA or LBHA Area and Population Statistics, found in the MBOW’s General Warehouse folder.

Table 1: Area and Population Statistics

Population	LMHA or LBHA Data
Square miles	2,984
Population density	777
Total number of counties	3
Number of rural counties	2
Number of urban counties	1

Current Services and Contracts

2. Complete tables 2 through 4 to provide an overview of current services and contracts.
3. List the service capacity based on the most recent MBOW data set.
 - a) For levels of care (LOC), list the non-Medicaid average monthly served found in MBOW using data from the LOC-A by Center (Non-Medicaid Only and All Clients) report in the General Warehouse folder.
 - b) For residential programs, list the total number of beds and total discharges (all clients).
 - c) For other services, identify the unit of service (all clients).

- d) Estimate the service capacity for fiscal year 2025. If no change is anticipated, enter the same information previous column.
- e) State the total percent of each service contracted out to external providers in fiscal year 2024. For LOCs, do not include contracts for discrete services within those levels of care when calculating percentages.

Table 2: Service Capacity for Adult Community Mental Health Service LOCs

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Adult LOC 1m	0	0	0
Adult LOC 1s	2154	2466	0
Adult LOC 2	17	30	0
Adult LOC 3	139	179	0
Adult LOC 4	9	13	0
Adult LOC 5	1	22	0

Table 3: Service Capacity for Children’s Community Mental Health Service LOCs

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Children’s LOC 1	16	53	0
Children’s LOC 2	197	268	0

LOC	Most recent service capacity (non-Medicaid only)	Estimated FY 2025 service capacity (non-Medicaid only)	% total non-Medicaid capacity provided by external providers in FY 2025
Children’s LOC 3	82	105	0
Children’s LOC 4	3	0	0
Children’s LOC YC	10	16	0
Children’s LOC 5	0	0	0

Table 4: Service Capacity for Crisis Services

Crisis Service	FY 2024 service capacity	Estimated FY 2025 service capacity	% total capacity provided by external providers in FY 2024
Crisis Hotline	5070	5185	100
Mobile Crisis Outreach Teams	4128	4171	0
Private Psychiatric Beds	5387 bed days 664 discharges	5387 bed days 664 discharges	100
Community Mental Health Hospital Beds (N/A)	0	0	0
Contracted Psychiatric Beds (CPBs), previously known as Rapid Crisis Bed Days	242 bed days 28 discharges	215 bed days 24 discharges	100

Crisis Service	FY 2024 service capacity	Estimated FY 2025 service capacity	% total capacity provided by external providers in FY 2024
Extended Observation Units (EOUs) – N/A	0	0	0
Crisis Residential Units (CRUs) – N/A	0	0	0
Crisis Stabilization Units (CSUs) - admissions	1397 bed days 277 discharges	3000 bed days 600 discharges	0
Crisis Respite Units (CRUs)- (MH Only)	0	0	0

4. List all contracts for fiscal year 2025 in the tables 5 and 6. Include contracts with provider organizations and individual practitioners for discrete services.
 - a) In tables 5 and 6, list the name of the provider organization or individual practitioner. LMHAs or LBHAs must have written consent to include names of individual peer support providers. State the number of individual peers (e.g., “3 individual peers”) for peer providers that do not wish to have their names listed.
 - b) List the services provided by each contractor, including full levels of care, discrete services (such as Cognitive Behavioral Therapy, physician services, or family partner services), crisis and other specialty services, and support services (such as pharmacy benefits management, laboratory, etc.).

Table 5: Provider Organizations

Provider Organization	Service(s)
Avail Solutions	Crisis Hotline Services, 24 hours a day
Cornerstone Family Resource Center – Perry McAfee	Paraprofessional Services and Community Living Supports (YES Waiver)
Cypress Creek Hospital	Inpatient Psychiatric Services
East Texas Behavioral HealthCare Network (ETBHN)	Pharmacy services, authorization services.
FasPsych	Telepsychiatry - Crisis
Iris Telehealth	Telepsychiatry
J and D Home Care	Assisted Living Housing
Kingwood Pines Hospital	Inpatient Psychiatric Services
Laboratory Corporation of America (Labcorp)	Laboratory Services
Lifetime Homecare Services	IDD Crisis Respite
Life without Limits – Matthew Pevoto	Community Living Supports, Recreational Therapy (YES Waiver)
Nightingale Interpreting Services	Interpreting
RecessAbility, Inc. – Janette Hendrex	Animal Assisted Therapy, Art Therapy, Non-Medical Transportation and Community Living Supports (YES Waiver)
Sun Behavioral	Inpatient Psychiatric Services
Voyages Behavioral Health of Conroe	Inpatient Psychiatric Services
Woodlands Springs, LLC	Inpatient Psychiatric Services

Table 6: Individual Practitioners

Individual Practitioner	Service(s)
Various Officers from Montgomery County	Peace Officer Services

Administrative Efficiencies

- Using bullet format, describe the strategies the LMHA or LBHA is using to minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies, as required by the state legislature (see Appendix C).

<ul style="list-style-type: none"> Tri-County Behavioral Healthcare is a member of the East Texas Behavioral Health Network (ETBHN) for shared cost savings on essential services (see below for additional information in Table 7: LMHA Partnerships).
<ul style="list-style-type: none"> Tri-County Behavioral Healthcare is a member of the Texas Council of Community Centers which includes pooled resources and initiatives.
<ul style="list-style-type: none"> Tri-County Behavioral Healthcare participates in quality improvement projects and Alternative Payment Methodologies (APM’s), when feasible, with Medicaid Managed Care Organizations.
<ul style="list-style-type: none"> Tri-County Behavioral Healthcare conducts annual reviews of policies and procedures to ensure they reflect accurate information and guide staff in the most efficient practices.
<ul style="list-style-type: none"> Tri-County Behavioral Healthcare applies for and implements grants, as opportunities arise and match is available, in order to expand programming to meet identified needs without incurring additional expense.
<ul style="list-style-type: none"> Tri-County Behavioral Healthcare incorporates efficiencies into clinical practice when deemed appropriate and feasible, such as organizing case loads by geographic locations to minimize travel expense.
<ul style="list-style-type: none"> Tri-County Behavioral Healthcare is a Certified Community Behavioral Health Clinic, and participates in learning collaborations and shared ideas to improve quality care and best practices.

- List partnerships with other LMHAs and LBHAs related to planning, administration, purchasing, and procurement or other authority functions,

or service delivery in table 7. Include only current and ongoing partnerships.

Table 7: LMHA or LBHA Partnerships

Start Date	Partner(s)	Functions
2001	<ul style="list-style-type: none"> • <i>East Texas Behavioral Health Network:</i> Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare. 	<p>Tri-County Behavioral Healthcare is one of 11 Behavioral Health Authorities who actively participate in East Texas Behavioral Health Network (ETBHN). ETBHN functions in order to improve the quality of mental health and developmental disability services across Texas by using cost efficiencies, shared knowledge and cooperative initiatives. Tri-County has participated in several of the offered cost efficient offerings through ETBHN including authorization services, closed door pharmacy, and medical director consultation.</p>

	<ul style="list-style-type: none"> • <i>Regional Planning Network Advisory Committee (RPNAC):</i> <p>Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare.</p>	<p>Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for the provision of certain administrative support. ETBHN formed a Regional Planning Network Advisory Committee (RPNAC) made up of at least one PNAC member from each ETBHN member Center (although it can be as many as two from each Center). At least one of Tri-County's PNAC members and a Center liaison attend the quarterly RPNAC meetings. Tri-County PNAC members who are on the RPNAC, Management Team staff and Quality Management staff work with other ETBHN Centers to meet the following goals:</p> <ul style="list-style-type: none"> • To assure that the ETBHN network of providers will continuously improve the quality of services provided to all individuals through prudent mediation by network leadership. • To continuously activate mechanisms to proactively evaluate efforts to improve clinical outcomes and practices.
--	--	--

Start Date	Partner(s)	Functions
		<ul style="list-style-type: none"> To maintain a process by which unacceptable outcomes, processes and practices can be identified.
2001	<ul style="list-style-type: none"> <i>Regional Utilization Management Committee (RUM):</i> Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare. 	<p>Tri-County Behavioral Healthcare, as a member of the ETBHN, collaborates with member Centers for a Regional Utilization Management Committee (RUM) that assists with the promotion, maintenance and availability of high-quality care in conjunction with effective and efficient utilization of resources. ETBHN facilitates this committee to ensure compliance with applicable contractual and regulatory UM requirements. Meetings are held quarterly or more frequently as needed and include a physician, utilization and quality management staff and fiscal/financial services staff. The Committee maintains representation from all member Centers of ETBHN as appointed by their respective Executive Director/CEO.</p>

Start Date	Partner(s)	Functions
2001	<ul style="list-style-type: none"> • <i>Regional Oversight Committee (ROC):</i> Membership Includes the following LMHA/LBHAs: Access, Andrews Center, Bluebonnet Trails, Burke, Community Healthcore, Gulf Bend Center, Gulf Coast Center, Lakes Regional Community Center, Pecan Valley Centers, Spindletop Center, Tri-County Behavioral Healthcare. 	<p>Tri-County Behavioral Healthcare actively participates in the ROC which serves as the Board of Trustees to the East Texas Behavioral Health Network Executive Director. This Board is made up of the Executive Director/CEO of each member Center. The Board meets quarterly to review financials, discuss and authorize new projects and programs and review committee and workgroup activity.</p>

Start Date	Partner(s)	Functions
	<ul style="list-style-type: none"> • <i>All Texas Access, Rusk State Hospital Regional Group:</i> <p>Membership includes the following LMHAs/LBHAs: Access, Andrews Center, Burke, Community Healthcore, Spindletop Center, Tri-County Behavioral Healthcare, and Harris Center as an ex-officio member.</p>	<p>Tri-County Behavioral Healthcare participates in the All Texas Access Rusk State Hospital Regional Group led by HHSC in accordance with Senate Bill 454 and prior 633, in order to address the following goals through identification of ideas and efficiencies through collaboration with the regional group:</p> <ul style="list-style-type: none"> • Cost to local governments of providing services to people experiencing a mental health crisis; • Transportation of people served by an LMHA or LBHA to mental health facilities; • Incarceration of people with mental illness in county jails; and • Hospital Emergency room visits by people with mental illness.

Provider Availability

The LPND process is specific to provider organizations interested in providing full LOCs to the non-Medicaid population or specialty services. It is not necessary to assess the availability of individual practitioners. Procurement for the services of individual practitioners is governed by local needs and priorities.

7. Using bullet format, describe steps the LMHA or LBHA took to identify potential external providers for this planning cycle. Be as specific as possible.

For example, if you posted information on your website, explain how providers were notified the information was available. Describe contacts with your existing network, Managed Care Organizations, past providers and other behavioral health providers and organizations in the local service area via phone and email. Include information on meetings with stakeholders, networking events and input from your PNAC about local providers.

<ul style="list-style-type: none">◆ Tri-County staff sought feedback on the potential for interested local providers from our MHPNAC. The MHPNAC committee members were unaware of anyone in the community that had the ability to provide full levels of care at that time. The MHPNAC reviewed the information provided to stakeholders about LPND during the local planning process.
<ul style="list-style-type: none">◆ One virtual and five (5) face to face local planning meetings were held in which information was provided about LPND and how a provider could express interest. During these public meetings, attendees are provided information about the LPND process and how to express interest. These meetings were advertised in local newspapers, through the PNAC members and invitations were emailed out to local stakeholders. Stakeholders attending local planning meetings were provided information about LPND and asked 1) what services they felt individuals most needed a choice of providers for and 2) what factors should be considered when seeking additional providers to provide choice.
<ul style="list-style-type: none">◆ Tri-County staff reached out to the provider who expressed interest prior to the last LPND plan to determine if the provider was interested. Previous communication indicated no interest at that time and the provider did not respond to follow up.

8. Complete table 8 by listing each potential provider identified during the process described above. Include all current contractors, provider organizations that registered on the HHSC website, and provider organizations that have submitted written inquiries since submission of the fiscal year 2023 LPND plan. HHSC will notify an LMHA or LBHA if a provider

expresses interest in contracting via the HHSC website. HHSC will accept new provider inquiry forms through the HHSC website from September 1, 2024, through December 1, 2024. When completing the table:

- Note the source used to identify the provider (e.g., current contract, HHSC website, LMHA or LBHA website, e-mail, written inquiry).
- Summarize the content of the follow-up contact described in Appendix A. If the provider did not respond to your invitation within 14 days, document your actions and the provider’s response. In the final column, note the conclusion regarding the provider’s availability. For those deemed to be potential providers, include the type of services the provider can provide and the provider’s service capacity.

Do not finalize your provider availability assessment or post the LPND plan for public comment before September 1, 2024.

Table 8: Potential Providers

Provider	Source of Identification	Summary of Follow-up Meeting or Teleconference	Assessment of Provider Availability, Services, and Capacity
None			

Part II: Required only for LMHAs and LBHAs with potential for network development

Procurement Plans

If the assessment of provider availability indicates potential for network development, the LMHA or LBHA must initiate procurement.

26 Texas Administrative Code (TAC) Chapter 301, Local Authority Responsibilities, Subchapter F, Provider Network Development describes the conditions under which an LMHA or LBHA may continue to provide services when there are available and appropriate external providers. Include plans to procure complete levels of care or specialty services from provider organizations. Do not include procurement for individual practitioners to provide discrete services.

9. Complete table 9, inserting additional rows as need.
 - a) Identify the service(s) to be procured. Make a separate entry for each service or combination of services that will be procured as a separate contracting unit. Specify Adult or Child if applicable.
 - b) State the capacity to be procured, and the percent of total capacity for that service.
 - c) State the method of procurement—open enrollment Request for Application (RFA) or request for proposal (RFP).
 - d) Identify the geographic area for which the service will be procured: all counties or name selected counties.
 - e) Document the planned begin and end dates for the procurement, and the planned contract start date.

Table 9: Procurement Plans

Service or Combination of Services to be Procured	Capacity to be Procured	Method (RFA or RFP)	Geographic Area(s) in Which Service(s) will be Procured	Posting Start Date	Posting End Date	Contract Start Date
None. N/A						

Rationale for Limitations

Network development includes the addition of new provider organizations, services, or capacity to an LMHA’s or LBHA’s external provider network.

10. Complete table 10 based on the LMHA’s or LBHA’s assessment of provider availability. Review [26 TAC Section 301.259](#) carefully to be sure the rationale addresses the requirements specified in the rule (See Appendix B).
 - a) Based on the LMHA’s or LBHA’s assessment of provider availability, respond to each of the following questions.
 - b) If “yes” is answered for any restriction identified in table 10, provide a clear rationale.
 - c) If the restriction applies to multiple procurements, the rationale must address each of the restricted procurements or state that it is applicable to all the restricted procurements.
 - d) The rationale must provide a basis for the proposed level of restriction, including the volume of services to be provided by the LMHA or LBHA.

Table 10: Procurement Limitations

	Yes	No	Rationale
1. Are there any services with potential for network development that are not scheduled for procurement?			
2. Are any limitations being placed on percentage of total capacity or volume of services external providers will be able to provide for any service?			
3. Are any of the procurements limited to certain counties within the local service area?			
4. Is there a limitation on the number of providers that will be accepted for any of the procurements?			

11. Complete table 11 if the LMHA or LBHA will not be procuring all available capacity offered by external contractors for one or more services and identify the planned transition period and the year in which the LMHA or LBHA anticipates procuring the full external provider capacity currently available (not to exceed the LMHA's or LBHA's capacity).

Table 11: Procurement Transitions

Service	Transition Period	Year of Full Procurement

Capacity Development

12. In table 12, document the LMHA’s or LBHA’s procurement activity since the submission of the fiscal year 2023 LPND plan. Include procurements implemented as part of the LPND plan and any other procurements for full LOCs and specialty services that have been conducted.
- a) List each service separately, including the percent of capacity offered and the geographic area in which the service was procured.
 - b) State the results, including the number of providers obtained and the percent of service capacity contracted because of the procurement. If no providers were obtained because of procurement efforts, state “none.”

Table 12: Procurement Activities

Year	Procurement (Service, % of Capacity, Geographic Area)	Results (Providers and Capacity)

PART III: Required for all LMHAs and LBHAs

PNAC Involvement

- 13. Complete table 13 to show PNAC involvement. PNAC activities should include input into the development of the plan and review of the draft plan. Briefly document the activity and the committee’s recommendations. Add additional lines as needed.

Table 13: PNAC Involvement

Date	PNAC Activity and Recommendations
April 17, 2024	The MHPNAC participated in the Local Planning and LPND Kickoff meeting where they reviewed and discussed the rules guiding our participation in the CLSP and LPND Process (Including Texas Administrative Code: Title 26, Part 1, Chapter 301, Subchapter F, Provider Network Development Rule and HHSC Performance Contract Information Item I, Instructions for Local Planning) in addition to reviewing the local planning process and general timeline.
June 26, 2024	The MH PNAC reviewed and provided feedback on the information that will be provided to stakeholders through a series of community meetings and surveys. The Committee was informed that the due dates for CLSP and LPND were pending.
August 21, 2024	The MHPNAC participated in Local Planning and provided feedback on LPND including what services they felt individuals most needed a choice of providers for and what factors should be considered when seeking providers to provide choice. The Committee was not currently aware of any providers interested in procuring non-Medicaid full levels of care at this time.

Date	PNAC Activity and Recommendations
October 9, 2024	Prior to receipt of the 2025 Provider Network Development Plan Template in October 2024, the MHPNAC met to review the new submission timeline of December 31, 2024 outlined in the HHSC Broadcast Message #24.015 and provided an update on feedback received from stakeholders to date. Additionally, it was discussed with the MH PNAC that we have had no interested providers at this time nor were there any providers who completed a Provider Interest Form with HHSC to date for this planning cycle.
November 5, 2024	The draft LPND plan was provided to the MH PNAC along with information on the posting of the plan on the Center website for 30 days, how to make public comment on the plan as well as how to access information regarding LPND on the HHSC website should the PNAC come into contact with anyone wanting to comment or learn more about the LPND process.
December 11, 2024	The Draft LPND Plan is scheduled to be reviewed by ETBHN Regional PNAC following the public comment period.
December 11, 2024	The MHPNAC will review public comments and feedback from the RPNAC and recommend any final changes to the Draft LPND Plan and/or approve the plan.

Stakeholder Comments on Draft Plan and LMHA or LBHA Response

Allow at least 30 days for public comment on draft plan. Do not post plans for public comment before September 1, 2024.

In table 14, summarize the public comments received on the LMHA’s or LBHA’s draft plan. If no comments were received, state “none”. Use a separate line for each major point identified during the public comment period and identify the stakeholder group(s) offering the comment. Add additional lines as needed. Describe the LMHA’s or LBHA’s response, which might include:

- Accepting the comment in full and making corresponding modifications to the plan;

- Accepting the comment in part and making corresponding modifications to the plan; or
- Rejecting the comment. Please provide explanation for the LMHA’s or LBHA’s rationale for rejecting comment.

Table 14: Public Comments

Comment	Stakeholder Group(s)	LMHA or LBHA Response and Rationale
Pending comment period		

Complete and submit entire plan to Performance.Contracts@hhs.texas.gov by **December 31, 2024**.

Appendix A: Assessing Provider Availability

Provider organizations can indicate interest in contracting with an LMHA or LBHA through the [LPND website](#) or by contacting the LMHA or LBHA directly. On the LPND website, a provider organization can submit a Provider Inquiry Form that includes key information about the provider. HHSC will notify both the provider and the LMHA or LBHA when the Provider Inquiry Form is posted.

During its assessment of provider availability, it is the responsibility of the LMHA or LBHA to contact potential providers to schedule a time for further discussion. This discussion provides both the LMHA or LBHA and the provider an opportunity to share information so both parties can make a more informed decision about potential procurements.

The LMHA or LBHA must work with the provider to find a mutually convenient time for an informational meeting. If the provider does not respond to the invitation or is not able to accommodate a teleconference or a site visit within 14 days of the LMHA's or LBHA's initial contact, the LMHA or LBHA may conclude that the provider is not interested in contracting with the LMHA or LBHA.

If the LMHA or LBHA does not contact the provider, the LMHA or LBHA must assume the provider is interested in contracting with the LMHA or LBHA.

An LMHA or LBHA may not eliminate the provider from consideration during the planning process without evidence the provider is no longer interested or is not qualified of specified provider services in accordance with applicable state and local laws and regulations.

Appendix B: Guidance on Conditions Permitting LMHA and LBHA Service Delivery

In accordance with [26 TAC Section 301.259](#) an LMHA or LBHA may only provide services if one or more of the following conditions is present.

1. The LMHA or LBHA determines that interested, qualified providers are not available to provide services in the LMHA's or LBHA's service area or that no providers meet procurement specifications.
2. The network of external providers does not provide the minimum level of individual choice. A minimal level of individual choice is present if a person and their legally authorized representative(s) can choose from two or more qualified providers.
3. The network of external providers does not provide people with access to services that is equal to or better than the level of access in the local network, including services provided by the LMHA or LBHA, as of a date determined by the department. An LMHA or LBHA relying on this condition must submit the information necessary for the department to verify the level of access.
4. The combined volume of services delivered by external providers is not sufficient to meet 100 percent of the LMHA's or LBHA's service capacity for each level of care identified in the LMHA's or LBHA's plan.
5. Existing agreements restrict the LMHA's or LBHA's ability to contract with external providers for specific services during the two-year period covered by the LMHA's or LBHA's plan. If the LMHA or LBHA relies on this condition, the department shall require the LMHA or LBHA to submit copies of relevant agreements.
6. The LMHA and LBHA documents that it is necessary for the LMHA or LBHA to provide specified services during the two-year period covered by the LMHA's or LBHA's plan to preserve critical infrastructure needed to ensure continuous provision of services. An LMHA or LBHA relying on this condition must:
 - a) Document that it has evaluated a range of other measures to ensure continuous delivery of services, including but not limited to those identified by the PNAC and the department at the beginning of each planning cycle;

- b) Document implementation of appropriate other measures;
- c) Identify a timeframe for transitioning to an external provider network, during which the LMHA or LBHA shall procure an increasing proportion of the service capacity from external provider in successive procurement cycles; and
- d) Give up its role as a service provider at the end of the transition period if the network has multiple external providers and the LMHA or LBHA determines that external providers are willing and able to provide sufficient added service volume within a reasonable period of time to compensate for service volume lost should any one of the external provider contracts be terminated.

Appendix C: Legislative Authority

2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 139)

Efficiencies at Local Mental Health Authorities and Intellectual Disability Authorities. HHSC shall ensure that LMHAs, LBHAs and local intellectual disability authorities that receive allocations from the funds appropriated above to HHSC shall maximize the dollars available to provide services by minimizing overhead and administrative costs and achieving purchasing efficiencies. The Legislature also intends that each state agency which enters into a contract with or makes a grant to local authorities does so in a manner that promotes the maximization of third-party billing opportunities, including to Medicare and Medicaid.

Funds appropriated above to HHSC in Strategies I.2.1, Long-Term Care Intake and Access, and F.1.3, Non-Medicaid IDD Community Services, may not be used to supplement the rate-based payments incurred by local intellectual disability authorities to provide waiver or ICF/IID^a services.

^a ICF/IID - Intermediate Care Facilities for Individuals with an Intellectual Disability

<p>Agenda Item: Approve the Mental Health (MH) Consolidated Local Service Plan for Fiscal Year 2025</p> <p>Committee: Program</p>	<p>Board Meeting Date</p> <p>December 5, 2024</p>
<p>Background Information:</p> <p>It is a contract requirement for Community Centers to have a Local Plan in line with the State of Texas Health and Human Services Strategic Plan. This plan, completed on the Health and Human Services Commission (HHSC) provided template, considers local stakeholder input in the planned direction for provided services.</p> <p>For Fiscal Years 2024 and 2025, staff completed the planning process for stakeholders of persons with mental health and substance use disorders. Multiple collaborative planning meetings were held with stakeholders throughout the past year and an additional six (6) planning meetings were held (five in-person and one virtually) to ensure that community members had the ability to participate in planning sessions. In addition to these meetings, staff also distributed surveys to stakeholders.</p> <p>The Mental Health Consolidated Local Service Plan serves as the main mental health planning document for the Center and includes Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development including Jail Diversion.</p> <p>Finally, it should be noted that due to delays in HHSC’s release of the template for this plan, it has been named the FY 2025 Consolidated Local Service Plan even though it was completed in FY 2024 and is in compliance with timeframes required by the Center’s HHSC Performance contact.</p>	
<p>Supporting Documentation:</p> <p>Draft MH Consolidated Local Service Plan for Fiscal Year 2025</p>	
<p>Recommended Action:</p> <p>Approve the MH Consolidated Local Service Plan for Fiscal Year 2025</p>	



Healthy Minds. Meaningful Lives.

Consolidated Local Service
Plan (CLSP)
FY 2025



Form O: Consolidated Local Service Plan

The Texas Health and Human Services (HHSC) requires all local mental health authorities (LMHA) and local behavioral health authorities (LBHA) submit the Consolidated Local Service Plan (CLSP) for fiscal year 2025 by **December 31, 2024** to Performance.Contracts@hhs.texas.gov and CrisisServices@hhs.texas.gov.

Introduction

The Consolidated Local Service Plan (CLSP) encompasses all service planning requirements for local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs). The CLSP has three sections: Local Services and Needs, the Psychiatric Emergency Plan, and Plans and Priorities for System Development.

The CLSP asks for information related to community stakeholder involvement in local planning efforts. The Health and Human Services Commission (HHSC) recognizes that community engagement is an ongoing activity and input received throughout the biennium will be reflected in the local plan. LMHAs and LBHAs may use a variety of methods to solicit additional stakeholder input specific to the local plan as needed. In completing the template, please provide concise answers, using bullet points. Only use the acronyms noted in Appendix B and language that the community will understand as this document is posted to LMHAs' and LBHAs' websites. When necessary, add additional rows or replicate tables to provide space for a full response.

Table of Contents

- Form O: Consolidated Local Service Plan 1**
- Introduction 1
- Table of Contents 2**
- Section I: Local Services and Needs 3
- I.A Mental Health Services and Sites 3
- I.B Mental Health Grant Program for Justice-Involved Individuals 7
- I.C Community Mental Health Grant Program: Projects related to jail diversion, justice-involved individuals, and mental health deputies..... 8
- I.D Community Participation in Planning Activities 9
- Section II: Psychiatric Emergency Plan16
- II.A Developing the Plan.....17
- II.B Using the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process ..18
- II.C Plan for Local, Short-term Management for People Deemed Incompetent to Stand Trial Pre- and Post-arrest36
- II.D Seamless Integration of Emergent Psychiatric, Substance Use, and Physical Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics38
- II.E Communication Plans.....40
- II.F Gaps in the Local Crisis Response System.....42
- Section III: Plans and Priorities for System Development44
- III.A Jail Diversion44
- III.B Other Behavioral Health Strategic Priorities53
- III.C Local Priorities and Plans.....73
- IV.D System Development and Identification of New Priorities76
- Appendix A: Definitions.....80
- Appendix B: Acronyms.....83

Section I: Local Services and Needs

I.A Mental Health Services and Sites

In the table below, list sites operated by the LMHA or LBHA (or a subcontractor organization) providing mental health services regardless of funding. Include clinics and other publicly listed service sites. Do not include addresses of individual practitioners, peers, or individuals that provide respite services in their homes. Add additional rows as needed.

List the specific mental health services and programs provided at each site, including whether the services are for adults, adolescents, and children (if applicable).

- Screening, assessment, and intake
- Texas Resilience and Recovery (TRR) outpatient services: adults, adolescents, or children
- Extended observation or crisis stabilization unit
- Crisis residential or respite unit, or both
- Diversion centers
- Contracted inpatient beds
- Services for co-occurring disorders
- Substance use prevention, intervention, and treatment
- Integrated healthcare: mental and physical health
- Services for people with Intellectual or Developmental Disorders (IDD)
- Services for veterans
- Other (please specify)

Table 1: Mental Health Services and Sites

Note: In addition to the Tri-County Behavioral Healthcare service location information listed below, Tri-County has toll free routine and crisis numbers that can be utilized in Montgomery, Liberty or Walker Counties, regardless of service location: Routine, 1-800-550-8408 and Crisis, 1-800-659-6994).

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Tri-County Behavioral Healthcare (TCBHC)	233 Sgt. Ed. Holcomb Blvd. Conroe, 77304	(936) 521-6100	Montgomery	Outpatient	<ul style="list-style-type: none"> • Mental Health Routine Screening, Assessment, and Intake. Texas Resilience and Recovery Full Levels of Care (Adults, Children and Adolescents) • Supported Housing and Employment Support for Adults and Transition Age Youth (TAY) • Criminal Justice Services (Adults) • Substance Use Disorder (SUD) Screening, Assessment, Outpatient Treatment/Referral, and Treatment for Co-Occurring Psychiatric and Substance Use Disorders (COPSD) (Adults and Children) • Youth Empowerment Services (YES) Waiver • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Determination of Eligibility, Intake, Service Coordination, and Crisis Intervention • IDD Crisis Assessment and Intervention • TCBHC Autism Program (Youth only) • Integrated Healthcare • Veterans Counseling, Case management, and Military Veteran Peer Network (MVPN) Mentorship Program • Peer and Family Partner Services • Continuity of Care and Care Coordination

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
TCBHC	706 FM 2854 Conroe 77301	(936) 538-1102	Montgomery	Crisis Access and Inpatient Stabilization	<ul style="list-style-type: none"> • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Crisis Stabilization Unit (CSU) • Mobile Crisis Outreach Team (MCOT) • Crisis Intervention Response Team (CIRT) • Continuity of Care and Care Coordination • Utilization Review for Private Psychiatric Beds (PPB)
TCBHC	7045 Highway 75 S. Huntsville 77340	(936) 291-5800	Walker	Outpatient	<ul style="list-style-type: none"> • Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Criminal Justice Services (Adults) • Youth Empowerment Services (YES) Waiver • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Pre-Admission Screening and Resident Review (PASRR) Assessments • IDD Crisis Intervention • Peer and Family Partner Services • Continuity of Care and Care Coordination

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
TCBHC	2004 Truman Cleveland 77327 Note: A new Cleveland Facility is under construction and expected to open in Spring of 2025 at: 402 Liberty Street Cleveland 77327	(281) 432-3000	Liberty	Outpatient	<ul style="list-style-type: none"> • Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Criminal Justice Services (Adults) • Youth Empowerment Services (YES) Waiver • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Pre-Admission Screening and Resident Review (PASRR) Assessments • Peer and Family Partner Services • Continuity of Care and Care Coordination
TCBHC	2000 Panther Lane Liberty 77575	(936) 334-3299	Liberty	Outpatient	<ul style="list-style-type: none"> • Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adults, Adolescents and Children) • Criminal Justice Services (Adults) • Youth Empowerment Services (YES) Waiver • Mental Health Crisis Screening, Assessment, Intake, Selected Levels of Care (LOC 0) • Pre-Admission Screening and Resident Review (PASRR) Assessments • Peer and Family Partner Services • Continuity of Care and Care Coordination
TCBHC	Porter – Youth only 23750 FM1314 Porter, TX 77365	(346) 966-2800	Montgomery	Outpatient	<ul style="list-style-type: none"> • Mental Health Routine Screening, Assessment, Intake, Texas Resilience and Recovery Full Levels of Care (Adolescents and Children) • Youth Empowerment Services (YES) Waiver • Family Partner • Continuity of Care and Care Coordination

Operator (LMHA, LBHA, contractor or sub-contractor)	Street Address, City, and Zip	Phone Number	County	Type of Facility	Services and Target Populations Served
Kingwood Pines Hospital	2001 Ladbroke Drive Kingwood 77339	(281) 404-1001	Harris	Psychiatric Inpatient	<ul style="list-style-type: none"> Contract Inpatient Hospitalization: Adults, Children and Youth over 7
Cypress Creek Hospital	17750 Cali Drive Houston 77090	(281) 586-7600	Harris	Psychiatric Inpatient	<ul style="list-style-type: none"> Contract Inpatient Hospitalization: Adults and Youth over 13
Sun Behavioral Houston Hospital	7601 Fannin St. Houston 77054	(713) 715-4279	Harris	Psychiatric Inpatient	<ul style="list-style-type: none"> Contract Inpatient Hospitalization: Adults, Children and Youth 6 and over
Voyages Behavioral Health of Conroe	1317 S. Loop 336 W. Conroe 77304	(936) 242-0409	Montgomery	Psychiatric Inpatient	<ul style="list-style-type: none"> Contract Inpatient Hospitalization: Adults only
Woodland Springs Hospital	15860 Old Conroe Rd. Conroe 77384	(936) 270-7520	Montgomery	Psychiatric Inpatient	<ul style="list-style-type: none"> Contract Inpatient Hospitalization: Adults and Youth over 12

I.B Mental Health Grant Program for Justice-Involved Individuals

The Mental Health Grant Program for Justice-Involved Individuals is a grant program authorized by in Chapter 531, Texas Government Code, Section 531.0993 to reduce recidivism rates, arrests, and incarceration among people with mental illness, as well as reduce the wait time for people on forensic commitments. The 2024-25 Texas General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, (Article II, HHSC, Rider 48) appropriated additional state funding to expand the grant and implement new programs. The Rural Mental Health Initiative Grant Program, authorized by Texas Government Code, Section 531.09936, awarded additional state funding to rural serving entities to address the mental health needs of rural Texas residents. These grants support community programs by providing behavioral health care services to people with a mental illness encountering the criminal justice system and facilitate the local cross-agency coordination of behavioral health, physical health, and jail diversion services for people with mental illness involved in the criminal justice system.

In the table below, describe projects funded under the Mental Health Grant Program for Justice-Involved Individuals, Senate Bill 1677, and Rider 48. Number served per year should reflect reports for the previous fiscal year. If the

project is not a facility; indicate N/A in the applicable column below. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.C.

Table 2: Mental Health Grant for Justice-Involved Individuals Projects

Fiscal Year	Project Title (include brief description)	County(s)	Type of Facility	Population Served	Number Served per Year
FY 23 - 24	N/A	N/A	N/A	N/A	N/A

I.C Community Mental Health Grant Program: Projects related to jail diversion, justice-involved individuals, and mental health deputies

Section 531.0999, Texas Government Code, requires HHSC to establish the Community Mental Health Grant Program, a grant program to support communities providing and coordinating mental health treatment and services with transition or supportive services for people experiencing mental illness. The Community Mental Health Grant Program is designed to support comprehensive, data-driven mental health systems that promote both wellness and recovery by funding community-partnership efforts that provide mental health treatment, prevention, early intervention, or recovery services, and assist with people transitioning between or remaining in mental health treatment, services and supports.

In the table below, describe Community Mental Health Grant Program projects related to jail diversion, justice-involved individuals, and mental health deputies. Number served per year should reflect reports for the previous fiscal year. Add additional rows if needed. If the LMHA or LBHA does not receive funding for these projects, indicate N/A and proceed to I.D.

Table 3: Community Mental Health Grant Program Jail Diversion Projects

Fiscal Year	Project Title (include brief description)	County(s)	Population Served	Number Served per Year
FY 23 – FY 24	The Expanded Substance Use Disorder Engagement Program was designed to address identified critical gaps in care, including access to services focused on the treatment of Co-Occurring Psychiatric and Substance Use Disorders (COPSD) using evidence-based practices in collaboration with mental health provider services to allow for connection to treatment. Using an integrated approach to care, this program combined therapeutic interventions, case management, psychoeducation, and skills training to promote movement through the stages of change toward the attainment of individually defined recovery goals. This program ended on August 31, 2024.	Montgomery	Adult & Youth	FY 23: 55 FY 24: 40

I.D Community Participation in Planning Activities

Identify community stakeholders that participated in comprehensive local service planning activities.

Note: Due to the large number of stakeholders that Tri-County Behavioral Healthcare interacts with through a variety of meetings and collaborative interactions, it is possible that additional individuals not listed below participated in planning. We value and are thankful for all of our community partners.

Table 4: Community Stakeholders

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	People receiving services	<input checked="" type="checkbox"/>	Family members
<input checked="" type="checkbox"/>	Advocates (children and adult)	<input checked="" type="checkbox"/>	Concerned citizens or others
<input checked="" type="checkbox"/>	Local psychiatric hospital staff (list the psychiatric hospital and staff that participated): <ul style="list-style-type: none"> • Woodlands Springs – Ross Teemant • Kingwood Pines – Kristin Williams • Cypress Creek – Amanda Vail • Voyages – James Wilfer • Sun Behavioral – Thomas Rourke 	<input checked="" type="checkbox"/>	State hospital staff (list the hospital and staff that participated): <ul style="list-style-type: none"> • <i>Kerrville State Hospital, George Vettikunnel</i> • <i>Rusk State Hospital, Larue, James</i> • <i>North Texas State Hospital, Melissa Sowders</i> • <i>Austin State Hospital, Megan Byers</i> • <i>Continuity of Services Manager for State Hospitals, Matthew Moravec-Gallagher</i>
<input checked="" type="checkbox"/>	Mental health service providers	<input checked="" type="checkbox"/>	Substance use treatment providers
<input type="checkbox"/>	Prevention services providers	<input checked="" type="checkbox"/>	Outreach, Screening, Assessment and Referral Centers
<input checked="" type="checkbox"/>	County officials (list the county and the name and official title of participants): <ul style="list-style-type: none"> • Charlie Riley, Montgomery County Commissioner, Precinct 2 	<input checked="" type="checkbox"/>	City officials (list the city and the name and official title of participants): <ul style="list-style-type: none"> • Howard Wood, Councilman, City of Conroe

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Federally Qualified Health Center and other primary care providers	<input checked="" type="checkbox"/>	Local Mental/Behavioral Health Authorities LMHAs/LBHAs <i>*List the LMHAs/LBHAs and the staff that participated:</i> <ul style="list-style-type: none"> • Access, Karen Pate, Regional Planning and Network Advisory Committee (RPNAC) • Andrews, Allison Treadwell, RPNAC • Bluebonnet Trails, Jessica Sanders, RPNAC • Burke, Catherine Uribe, RPNAC • Community Healthcore, Lee Brown, RPNAC • Lakes Regional, Crystal Coffey and Clara Daniels, RPNAC • Gulf Bend, Julia Galvan, RPNAC • Gulf Coast, Jamie White, RPNAC • Spindletop, Joseph Ingram, RPNAC • Tri-County Behavioral Healthcare: <ul style="list-style-type: none"> Evan Roberson, Executive Director Sara Bradfield, Chief Operating Officer Tanya Bryant, Director of QM & Support Beth Dalman, Director of Crisis Access Stephanie Ward, Director of Adult Outpatient Melissa Zemencsik, Director of Child & Youth Services Lisa Bradt, Administrator of Criminal Justice Services Jay Conley, Tri-County Jail Liaison Peggy Dunning, IDD Crisis Intervention Specialist Dana Futrell, Crisis Intervention Response Team Axel Vernon, Mobile Crisis Intervention Specialist
<input checked="" type="checkbox"/>	Hospital emergency room personnel	<input checked="" type="checkbox"/>	Emergency responders
<input checked="" type="checkbox"/>	Faith-based organizations	<input checked="" type="checkbox"/>	Local health and social service providers
<input checked="" type="checkbox"/>	Probation department representatives	<input checked="" type="checkbox"/>	Parole department representatives

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	<p>Court representatives, e.g., judges, district attorneys, public defenders (list the county and the name and official title of participants):</p> <ul style="list-style-type: none"> • Judge Kathleen Hamilton, Montgomery County • Judge Claudia Laird, Montgomery County • Judge Wayne Mack, Montgomery County • Judge Mark Keough, Montgomery County • Judge Echo Hutson, Montgomery County • Judge Tracy Sorenson, Walker County • Judge Fisher, Walker County • Judge Stephen Cole, Walker County • Judge Colt Christian, Walker County • Malori Martin, ADA, Walker County District Attorney’s Office • Erica Ortega, ADA, Montgomery County District Attorney’s Office • Mike Shirley, Chief Diversion Courts, Montgomery County District Attorney’s Office • Ron Chin, Assistance County Attorney – Mental Health Division, County Attorney’s Office 	<input checked="" type="checkbox"/>	<p>Law enforcement (list the county or city and the name and official title of participants):</p> <ul style="list-style-type: none"> • Major Tim Cannon, Montgomery County Sheriff’s Office • Erick Marquez, Deputy, Montgomery County Constable Precinct 1 • Kimberly Anderson, Detention Sergeant, Montgomery County Sherriff’s Office • Andrew Lupnitz, Crisis Intervention Response Team (CIRT) Officer, Conroe Police Department • Kevin Adams, Detention Officer, Montgomery County Sherriff’s Office • Chance Maddox, Mental Health Investigator, Liberty County Attorney’s Office • Keith DeHart, Assistant Jail Admin, Walker County Sherriff’s Office • Elizabeth Curry, Communications Supervisor, Montgomery County Sheriff’s Office • Chris Buck, Lieutenant, Walker County Sheriff’s Office • Kimberly Davis, Detention Sergeant, Montgomery County Sheriff’s Office • Jennifer Hogan, Communications Officer, Conroe Police Department • Mike Evans, Sergeant, Montgomery County Sheriff’s Office • Jake-Paul Gonzales, Lieutenant, Montgomery County Sheriff’s Office • Scott Spencer, Lieutenant, Montgomery County Sherriff’s Office • Joseph Ferarro, Detective, Conroe Police Department
<input checked="" type="checkbox"/>	Education representatives	<input checked="" type="checkbox"/>	Employers or business leaders
<input checked="" type="checkbox"/>	Planning and Network Advisory Committee	<input checked="" type="checkbox"/>	Local peer-led organizations
<input checked="" type="checkbox"/>	Peer specialists	<input checked="" type="checkbox"/>	IDD Providers
<input checked="" type="checkbox"/>	Foster care or child placing agencies	<input checked="" type="checkbox"/>	Community Resource Coordination Groups

	Stakeholder Type		Stakeholder Type
<input checked="" type="checkbox"/>	Veterans' organizations	<input type="checkbox"/>	Housing authorities
<input checked="" type="checkbox"/>	Local health departments	<input checked="" type="checkbox"/>	<p>Other:</p> <ul style="list-style-type: none"> • Brenda Lavar, Community Relations Administrator for WellPath and President of NAMI Greater Houston • Laurie Frankenfield, Director, Montgomery County Community Supervision and Corrections • Walker County Hospital District • Dr. Casey Patrick, Medical Director, Montgomery County Hospital District (MCHD) • Kevin Crocker, Division Chief of Quality & Process Improvement, MCHD • Sean Simmonds, Emergency Preparedness and Safety Coordinator, MCHD • United Way of Greater Houston • Morgan Lumbley, Disaster Recovery Manager, Montgomery County Office of Homeland Security and Emergency Management • Penny McMillen, Liberty County Indigent Healthcare Director • Rachel Parker, EMS Chief Communications, Walker County EMS • Shannon Thomas, Woodlands Church, LPC/Pastor • Courtney Frost-Tadlock, Director of Development, Mosaics of Mercy • Olivia Baze, Mental Health Coordinator, Wellpath – Montgomery County Jail • Toni Rogers, ER Manager, St. Lukes Health • Heather Ryan, Clinical Supervisor, Montgomery County Mental Health Treatment Court • Gayle Y. Fisher, BHSP, NAMI-GH, GettingSorted.com • Sheila Hugo, Deputy Director, Walker County Community Supervision and Corrections Department • Lori Durland, NAMI, Executive Board Member • Kelly Baughman, Executive Director, Project Beacon

Describe the key methods and activities used to obtain stakeholder input over the past year, including efforts to ensure all relevant stakeholders participate in the planning process.

Response:

- | |
|---|
| <ul style="list-style-type: none">• Tri-County Behavioral Healthcare (TCBHC) Crisis managers participated in four monthly Mental Health Collaborative Meetings for both adults and youth in Montgomery and Walker counties. Participants included, but were not limited to, local hospital administrators, representatives from the county attorney offices, judges, law enforcement, district attorneys, jail representatives, local private psychiatric inpatient providers, Crisis Intervention Response Team (CIRT) members, school representatives, juvenile justice, child advocacy, child protection, and child placement agencies for youth. |
| <ul style="list-style-type: none">• TCBHC Criminal Justice management staff attended meetings with community stakeholders on a quarterly basis where jail diversion, probation and parole were discussed. Criminal Justice Staff met monthly and quarterly with the Mental Health Treatment Court Staff which often included the judge and district attorneys. Additionally, the Criminal Justice Services Manager and the Jail Services Liaison attended quarterly meetings with Jail staff to coordinate services and provide discharge planning. |
| <ul style="list-style-type: none">• TCBHC staff provided several trainings in the community throughout the past year on various topics of concern and aspects of mental health. Topics covered included but are not limited to, Youth Mental Health First Aid (YMHFA), general mental health overviews, Substance Use Prevention, information about TCBHC and services provided, training on military and veteran culture including trainings offered to local law enforcement as needs arise to assist them with better understanding and working with veterans in mental health crises. These trainings continue to provide opportunities for quality discussions with stakeholders about services TCBHC provides as well as continued gaps and needs of our community. |
| <ul style="list-style-type: none">• TCBHC Management Team and management staff representing the Child and Youth Department, participated in meetings with representatives from local educational institutions to discuss the mental health needs and challenges unique to their populations and improve access to mental health services for students. |
| <ul style="list-style-type: none">• TCBHC held a stakeholder meeting following a funding award to implement a Multisystemic Therapy Program in order to provide information on the program and discuss feedback with community partners about gaps in our local service areas related to high risk youth as well as how this program can be utilized to impact this population. |
| <ul style="list-style-type: none">• TCBHC held a stakeholder meeting following a funding award for a Youth Crisis Outreach Team (YCOT+), to include but not limited to: local advocacy, child placement, and protection agencies for the purpose of providing information on program goals and referral processes. Information was provided on how to connect high risk youth (who have current or previous DFPS involvement and may be experiencing a psychiatric crisis) with immediate access to assessment and stabilization services aimed at reducing the risk of future crises. Stakeholders engaged in discussion on how this program can best intervene with these youth to promote safety and improve outcomes. |

<ul style="list-style-type: none"> • TCBHC participates in the Montgomery County Behavioral Health and Suicide Prevention Taskforce which is a large and diverse group of community agencies, businesses, schools, hospitals, county and city officials and families that come together to collaborate on mental health needs within the community and how to continue to work toward improved awareness and availability of resources.
<ul style="list-style-type: none"> • TCBHC continues to coordinate quarterly Local Intellectual and Developmental Disability Authority (LIDDA) meetings with IDD providers and is able to quickly share information across the TCBHC system of care when appropriate for the purpose of streamlined referral, collaboration and coordination.
<ul style="list-style-type: none"> • One virtual and five (5) face to face local planning meetings were held throughout our three-county area. These meetings were advertised in local newspapers, on social media, through the PNAC members, and emailed out to our stakeholder list. An additional planning session was held with the Mental Health Planning and Network Advisory Committee (MHPNAC).
<ul style="list-style-type: none"> • Surveys were provided in both paper and electronic format and sent to our local stakeholder list as a part of the local planning process in order to solicit feedback about mental health care in our communities. Results from the survey have been incorporated into this plan with 44 stakeholders responding to the survey including 18 individuals served, 6 family members and/or guardians, 14 actively involved individuals, 1 Referring Professional, 1 NAMI advocate and 2 Community Partners. All three counties were represented in the response data. The Local Planning Survey focused on several key areas that were also addressed in planning meetings and interactions with the following results: 1) Most Important Services: Medication Services, Crisis Services, Counseling and Adult and Child Outpatient Mental Health Services; 2) Most Needed Services: Respondents noted continued community education, more counseling, additional service locations. 4) Significant Barriers: Several individuals cited the need for more of the available services to meet the community need/retention of mental health professionals.
<ul style="list-style-type: none"> • Tri-County hosted a local Sequential Intercept Model mapping event, led by HHSC, for Montgomery and Walker Counties on June 12 – 13, 2024. There were roughly 65 attendees who showed up representing various agencies in the community. Sequential Intercept Mapping breaks down the range of criminal justice services into 5 intersections, from crisis hotlines and dispatch, EMS, to law enforcement interactions, jail, court processes, to reentry programs such as parole and probation. The purpose of the SIM map is to look at every intersection where criminal justice and mental health overlap, and identify strengths in the system, gaps, and opportunities to improve or expand services that would divert people from the criminal justice system and into more appropriate behavioral health services. The team of law enforcement, court officials including 4 local judges, Montgomery and Walker County jail representatives, leaders in probation and parole divisions, and several family advocates engaged in discussion of data, processes, and participated on panels for each intercept. Both counties completed a SIM map and identified 3 key areas of opportunity to focus on: <ul style="list-style-type: none"> • Plan for a regional diversion center; • Expand training and specialized responses; • Expand and enhance jail mental health and substance use treatment services

List the key issues and concerns identified by stakeholders, including unmet service needs. Only include items raised by multiple stakeholders or that had broad support.

Response:

• The need for transportation
• The need for affordable substance use disorder inpatient treatment and detox
• The need for more counseling
• The need for low income housing and housing for individuals with mental illness and substance use disorders (including transitional and step-down options for those coming out of inpatient treatment)
• Diversion of individuals from emergency rooms and jails, when appropriate
• Improved collaboration between law enforcement and behavioral health services and supports
• The continued need for community education and awareness including a continued focus on collaborating with schools to further develop school-based mental health programs
• Family Partner supports for adult clients and increase peer support groups and services available within communities
• Food Insecurity

Section II: Psychiatric Emergency Plan

The Psychiatric Emergency Plan is intended to ensure stakeholders with a direct role in psychiatric emergencies have a shared understanding of the roles, responsibilities, and procedures enabling them to coordinate efforts and effectively use available resources. The Psychiatric Emergency Plan entails a collaborative review of existing crisis response activities and development of a coordinated plan for how the community will respond to psychiatric emergencies in a way that is responsive to the needs and priorities of consumers and their families. The planning effort also provides an opportunity to identify and prioritize critical gaps in the community's emergency response system.

The following stakeholder groups are essential participants in developing the Psychiatric Emergency Plan:

- Law enforcement (police/sheriff and jails);
- Hospitals and emergency departments;
- Judiciary, including mental health and probate courts;
- Prosecutors and public defenders;
- Other crisis service providers (to include neighboring LMHAs and LBHAs);
- People accessing crisis services and their family members; and
- Sub-contractors.

Most LMHAs and LBHAs are actively engaged with these stakeholders on an ongoing basis, and the plan will reflect and build upon these continuing conversations.

Given the size and diversity of many local service areas, some aspects of the plan may not be uniform across the entire service area. *If applicable, include separate answers for different geographic areas to ensure all parts of the local service area are covered.*

II.A Developing the Plan

Describe the process implemented to collaborate with stakeholders to develop the Psychiatric Emergency Plan, including, but not limited to, the following:

- Ensuring all key stakeholders were involved or represented, to include contractors where applicable;

Response:

- Regular communication between Tri-County Behavioral Healthcare (TCBHC) staff and local area representatives, including contractors, is ongoing and meetings are scheduled as needed to involve additional agencies. TCBHC currently participates in numerous meetings throughout our service area and utilizes the ongoing feedback obtained during these meetings to ensure the highest quality services are provided to those we serve, while considering the needs of individuals served, the community, and contractors. Key stakeholders include but are not limited to, individuals served, family members, significantly involved individuals, peers, law enforcement, emergency department staff, hospital and contract staff, school district personnel, court representatives and many other agencies throughout our service area. In addition,

one virtual and five face to face planning meetings were scheduled for the general public and advertised in the local papers and feedback was also sought from our Mental Health Planning and Network Advisory Committee (MHPNAC) which includes feedback from family members, community partners, advocates, peers and individuals served.

- Ensuring the entire service area was represented; and

Response:

- TCBHC maintains a stakeholder list which includes representatives from around our three-county service area. Feedback is sought from key stakeholders throughout the planning year and incorporated into the Local Planning process each biennium. Additionally, local planning meetings are held in each county of the three counties in our catchment area and surveys are tracked by county of residence to ensure feedback is representative of our service area.
- Soliciting input.

Response:

- Each planning year, information is collected from ongoing stakeholder meetings, designated local planning meetings, surveys conducted and other feedback obtained throughout the year. Feedback for this plan was solicited through a number of community meetings, one virtual and five face to face local planning meetings that were advertised in local newspapers, on social media, and through email. Additionally, feedback was solicited from the Mental Health Planning and Network Advisory Committee (MHPNAC) and through local planning surveys.

II.B Using the Crisis Hotline, Role of Mobile Crisis Outreach Teams (MCOT), and the Crisis Response Process

1. How is the Crisis Hotline staffed?

Note: Answers below provided from contractor: Avail Solutions

- a. During business hours

Response:

- Day Shift Mon-Fri 8:00 AM- 4:30 PM: 22 Employees
*Administrative staff are available for backup due to staffing issues i.e. call-ins.

b. After business hours

Response:

- Evening Shift Mon-Fri 4 PM- 12:30 AM: 10 Employees
- Night Shift Mon-Fri 12 AM- 8:30 AM: 8 Employees
*Administrative staff are available for backup due to staffing issues i.e. call-ins.

c. Weekends and holidays

Response:

- Day Shift 8 AM- 4:30 PM: 8 Employees
- Evening Shift 4 PM- 12:30 AM: 8 Employees
- Night Shift 12 AM- 8:30 AM: 5 Employees
*Administrative staff are available for backup due to staffing issues i.e. call-ins.

2. Does the LMHA or LBHA have a sub-contractor to provide the Crisis Hotline services? If, yes, list the contractor.

Response:

Yes, Avail Solutions

3. How is the MCOT staffed?

a. During business hours

Response:

- The mobile crisis service is provided throughout the local service area 24 hours a day, seven days a week. At least one staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care.
- Prior to this planning cycle, TCBHC applied for and was awarded a SAMHSA grant that funded additional crisis response staff to continue to support the growing needs of mobile crisis outreach team services. This funding has come to an end and we are currently funding needed positions with local ARPA funding. Currently, TCBHC has eight (8) MCOT staff available (half of which are funded through county ARPA funds) on shift schedules around the clock 7 days a week and 2 Crisis Access staff on site from 10:00 am – 10:00 pm to respond to walk ins 7 days a week. The continued success that we are having with this program is strongly tied to the current ARPA funding. In addition to current staffing patterns, crisis response staff continue to utilize allowable telehealth resources as a way of improving timely response times, as appropriate.

b. After business hours

Response:

- The mobile crisis service, which is funded using both State and local ARPA funds, is provided throughout the local service area 24 hours a day, seven days a week. At least one staff is on duty during peak crisis hours, at least 56 hours a week, to respond to crisis calls as required for rural funded systems of care. Staff are located at the Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time. Additionally, technology has been set up at all local medical hospitals in our service area in order to facilitate after hours tele-video assessments.

c. Weekends and holidays

Response:

- The mobile crisis service, which is funded using both State and local ARPA funds, is provided throughout the local service area 24 hours a day, seven days a week, including holidays. At least one staff is on duty during peak crisis hours, at least 56 hours a week, to respond to crisis calls as required for rural funded systems of care. Staff are located at the Psychiatric Emergency Treatment Center (PETC) during scheduled shifts allowing for rapid deployment from this location, reducing response time.

4. Does the LMHA or LBHA have a sub-contractor to provide MCOT services? If yes, list the contractor.

Response:

- No

5. Provide information on the type of follow up MCOT provides (phone calls, face-to-face visits, case management, skills training, etc.).

Response:

- Following assessment, mobile crisis response staff will assist with providing appropriate solutions to the crisis situation including resolutions involving inpatient and/or outpatient treatment with additional assessment by a psychiatrist as needed. MCOT staff provide follow-up and prevention services within 24 hours of the assessment. Follow up and prevention services include making a follow-up call to the individual, or to the hospital if placement was coordinated, to ensure the safety and arrival of the individual. Additionally, MCOT staff communicates with outpatient service staff to ensure appropriate follow-up for any client currently in services who has presented with crisis symptoms and may also utilize the Crisis Intervention Response Team (CIRT) to follow-up with individuals in the community who may be at higher risk for deterioration.

6. Do emergency room staff and law enforcement routinely contact the LMHA or LBHA when a person in crisis is identified? If so, please describe MCOT's role for:

a. Emergency Rooms:

- Tri-County Behavioral Healthcare (TCBHC) has awake staff on site 24 hours a day, seven days a week. Mobile crisis response staff are routinely deployed to emergency rooms in our catchment area following triage according to clinical need by our crisis hotline service. TCBHC's crisis response staff are located at the Psychiatric Emergency Treatment Center (PETC) and have the capability to respond around the clock, 24 hours a day and seven days a week. This allows staff to respond more quickly to emergency rooms and other community locations, reducing the burden on other providers. Mobile crisis response staff assess an individual's mental health symptoms and determines what level of care is needed, which assists in getting the individual moved and connected with appropriate services as soon as is feasible.

b. Law Enforcement:

- Local law enforcement is familiar with the crisis services provided by Tri-County Behavioral Healthcare (TCBHC). Frequently, law enforcement brings individuals that appear to be in crisis to the Psychiatric Emergency Treatment Center (PETC) for evaluation and interventions as appropriate (See Sequential Intercept 1 later in this plan). Staff are available 24 hours a day, seven days a week, on site at the PETC to assist and MCOT staff are on site during peak hours at least 56 hours a week and capable of deploying 24 hours a day, seven days a week if needed in the community. Additionally, TCBHC contracts with police officers and an officer is located at the PETC to ensure safety of individuals served. Having a contract officer on site provides relief with respect to additional law enforcement involvement and allows the community officers to return to their regular job duties more quickly.

7. What is the process for MCOT to respond to screening requests at state hospitals, specifically for walk-ins?

Response:

- Due to the distance of Tri-County Behavioral Healthcare (TCBHC) from a State Hospital, we are almost never contacted to respond to screening requests. Should a request be made, TCBHC has staff designated to collaborate with the hospital to address this need.

8. What steps should emergency rooms and law enforcement take when an inpatient level of care is needed?

a. During business hours:

- If an emergency room has reason to believe an individual is suicidal, homicidal or experiencing psychosis that puts them at risk to self or others, they should contact the crisis hotline at 1 (800) 659-6994. Staff will be deployed as appropriate to determine recommendations for appropriate level of care. Law enforcement can take a person suspected of needing inpatient care to the Psychiatric Emergency Treatment Center (PETC) in Conroe to be evaluated by staff. In parts of our service area that are further away from Conroe, law enforcement officers are encouraged to contact the crisis hotline. Crisis Hotline staff are trained to triage and, when needed, are able to facilitate a crisis assessment and connect with staff who are able to arrange hospitalization to avoid an unnecessary trip to Conroe. During business hours, law enforcement can take an individual to the rural county clinics (Huntsville, Cleveland or Liberty) for evaluation between the hours of 8am and 5pm.

b. After business hours:

- The same information above applies. Due to the distance of certain locations in our catchment area to the Psychiatric Emergency Treatment Center (PETC), along with communication challenges related to cellular service and broadband

limitations, we have set up tele-video equipment at the Liberty/Dayton Hospital, Huntsville Memorial Hospital and HCA Kingwood Hospital in order to facilitate these assessments. Additionally, we have offered to provide the local Liberty Police Department with training and access to our buildings after hours so that they could access our tele-video equipment which would provide us with the ability to deliver assessment to this population after hours and avoid unnecessary travel if at all possible.

c. Weekends and holidays:

- The same information above applies.

9. What is the procedure if a person cannot be stabilized at the site of the crisis and needs further assessment or crisis stabilization in a facility setting?

Response:

- During evaluation by our treatment providers at our Psychiatric Emergency Treatment Center (PETC), if it is determined that the individual needs further assessment or medical evaluation (to include but not limited to a physical health condition requiring further assessment or stabilization) beyond the capabilities of these programs, transportation is arranged for the individual to the appropriate setting either via law enforcement, Emergency Medical Services (EMS) or another individual identified as appropriate to transport the individual in crisis. A contract police officer is located on site at the PETC to assist in areas that may require law enforcement intervention with the purpose of allowing other officers accompanying individuals to the PETC, to return to duty more quickly.

10. Describe the community's process if a person requires further evaluation, medical clearance, or both.

Response:

- Community members needing further mental health evaluation are encouraged to call the crisis line at 1 (800) 659-6994 for immediate assistance and guidance. During evaluation, if medical clearance is determined to be needed, staff are able to refer to appropriate medical providers. If there is a need for immediate medical clearance in the community, individuals are encouraged to call 911.

11. Describe the process if a person needs admission to a psychiatric hospital.

Response:

- If an individual has symptoms that are more acute than the programs that are offered at the Psychiatric Emergency Treatment Center (PETC), we coordinate hospitalization with an appropriate inpatient facility. If an individual is uninsured, we utilize one of the five hospitals that we contract with for this provision. If an individual has insurance, we explore all available options. If an individual is imminent risk and is not agreeable with hospital level of care recommendations, he or she may meet criteria for involuntary placement at a psychiatric hospital and would be transported by constables. In FY 2024, Tri-County Behavioral Healthcare spent 5.9 million dollars on civil hospitalizations to contract and private psychiatric hospital beds. This funding included State, Federal, and Local funding, with county ARPA funding accounting for roughly 2 million of this amount. There were three (3) admissions to State hospitals facilitated by our Center in the past year.

12. Describe the process if a person needs facility-based crisis stabilization (i.e., other than psychiatric hospitalization and may include crisis respite, crisis residential, extended observation, or crisis stabilization unit).

Response:

- Individuals are assessed and offered services according to clinical need. If a more intensive level of care is needed to assist with stabilizing mental health symptoms, the Crisis Stabilization Unit (CSU) would be offered, as appropriate.
- For IDD clients in a mental health crisis, the TCBHC IDD Crisis Intervention Specialist works with the individual and family/significantly involved individuals to determine the level of intervention needed and has the ability to link the individual with appropriate resources such as crisis respite, as indicated.

13. Describe the process for crisis assessments requiring MCOT to go into a home or alternate location such as a parking lot, office building, school, under a bridge or other community-based location.

Response:

- There may be some situations where the level of risk is undetermined or known to have safety implications for staff. In these instances, staff may request law enforcement assistance with a response. The combination of law enforcement with a clinician, both trained in crisis response, has been shown to have positive outcomes in the community. In Montgomery County we have a few different options to assist with this type of response through partnerships with various Law Enforcement Agencies.
- The Crisis Intervention Response Team (CIRT), which is available through partnership with Conroe Police Department, is typically available daily from 11:00am – 11:00pm to respond within Conroe City limits.

- The Montgomery Sherriff's Office provides officers for two Crisis Intervention Teams (CITs) that are able to respond County wide in Montgomery county between the hours of 10:00am – 10:00pm.
- We have partnered with the Precinct 1 Mental Health Constables for an additional officer-clinician response team which is available to respond county wide 10:00am – 8:00pm Tuesday – Friday.
- For other areas where a CIT team is unavailable, the Mobile Crisis Outreach Team (MCOT) may request the assistance of a Mental Health Peace Officer or other law enforcement personnel.
- It should be noted that the programs above have been made possible through various state and federal funding sources, some of which may not sustainable long-term. We continue to seek funding opportunities as they become available.

14.If an inpatient bed at a psychiatric hospital is not available, where does the person wait for a bed?

Response:

- If an individual assessed at an emergency room is determined to need inpatient level of care and has been medically cleared, they will remain at their present location until placement has been located. If the individual is assessed at the Psychiatric Emergency Treatment Center (PETC), staff will safety monitor at their present location until an appropriate placement has been determined.

15. Who is responsible for providing ongoing crisis intervention services until the crisis is resolved or the person is placed in a clinically appropriate environment at the LMHA or LBHA?

Response:

- There are times when an individual may have to wait to be placed in a hospital bed. If this is the case, staff may provide (depending upon whether at the Psychiatric Emergency Treatment Center or a medical hospital) crisis intervention, ongoing safety monitoring and reassessment of the individual to determine if inpatient services are still clinically indicated or until the individual is safely transported to the appropriate level of care.

16. Who is responsible for transportation in cases not involving emergency detention for adults?

Response:

- Whenever possible, the Psychiatric Emergency Treatment Center (PETC) will attempt to arrange transportation for the individual, either through Tri-County Behavioral Healthcare resources or through collaboration with other community partners as needed.

17. Who is responsible for transportation in cases not involving emergency detention for children?

Response:

- When considered safe and appropriate to the current clinical presentation and wishes of the child/youth and their family/guardian, staff will work with the Legally Authorized Representative (LAR) of the youth to provide needed transportation. In cases where this may not be appropriate or recommended, the Psychiatric Emergency Treatment Center (PETC) will attempt to arrange transportation for the individual, either through Tri-County Behavioral Healthcare resources or through collaboration with other community partners as needed.

Crisis Stabilization

Use the table below to identify the alternatives the local service area has for facility-based crisis stabilization services (excluding inpatient services). Answer each element of the table below. Indicate "N/A" if the LMHA or LBHA does not have any facility-based crisis stabilization services. Replicate the table below for each alternative.

Table 5: Facility-based Crisis Stabilization Services

Name of facility	Psychiatric Emergency Treatment Center
Location (city and county)	Conroe, Montgomery County
Phone number	936-538-1102
Type of facility (see Appendix A)	Crisis Stabilization Unit (CSU)
Key admission criteria	Individuals that are experiencing acute behavioral health symptoms that do not necessitate more long-term interventions in a structured and monitored environment.
Circumstances under which medical clearance is required before admission	The individual reports severe or persistent pain, is not coherent, has abnormal vitals or reports ingesting substances which may require medical intervention. We also defer to our Medical Exclusionary Criteria.
Service area limitations, if any	Evaluations may be completed for adults and youth at the PETC, however, admissions to the CSU are limited to adults.
Other relevant admission information for first responders	Assistance with individuals experiencing a mental health crisis may be reached by calling the 24-hour Tri-County Behavioral Healthcare Crisis Line at 1-800-659-6994. If needing information on medical exclusionary, call 936 538-1150.
Does the facility accept emergency detentions?	Yes
Number of beds	16
HHSC funding allocation	PESC and Community Mental Health Hospital

Inpatient Care

Use the table below to identify the alternatives to the state hospital the local service area has for psychiatric inpatient care for uninsured or underinsured people. Answer each element of the table below. Indicate "N/A" if an element does not apply to the alternative provided. Replicate the table below for each alternative.

Table 6: Psychiatric Inpatient Care for Uninsured or Underinsured

Name of facility	Kingwood Pines
Location (city and county)	Kingwood; Harris
Phone number	281-404-1001
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations if any	Children under seven years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of beds	116
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Kingwood Pines
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Contracted Psychiatric Bed and Private Psychiatric Beds.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day Note: This charge is all inclusive and includes Psychiatry services.
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Cypress Creek
Location (city and county)	Houston; Harris
Phone number	281-586-7600

Name of facility	Cypress Creek
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations if any	Children under the age of 13, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of beds	128
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Contracted Psychiatric Bed (CBP) and Private Psychiatric Beds.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day Note: This charge is all inclusive and includes Psychiatry services.

Name of facility	Cypress Creek
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Woodland Springs
Location (city and county)	Conroe, Montgomery
Phone number	936-270-7520
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations if any	Children under the age of 13, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations.
Other relevant admission information for first responders	None
Number of beds	96
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Woodland Springs
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Contracted Psychiatric Bed (CBP) and Private Psychiatric Beds.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day Note: This charge is all inclusive and includes Psychiatry services.
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Sun Behavioral Health
Location (city and county)	Houston; Harris
Phone number	713-715-4297

Name of facility	Sun Behavioral Health
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations if any	Children under six years of age, medically complex including individuals who may be non-ambulatory and/or unable to participate in activities of daily living and individuals with intellectual and developmental disabilities who may not be able to participate in day programming due to cognitive processing limitations. Currently contracting for ages 6 – 17.
Other relevant admission information for first responders	None
Number of beds	148
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Contracted Psychiatric Bed (CBP) and Private Psychiatric Beds.
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day Note: This charge is all inclusive and includes Psychiatry services.

Name of facility	Sun Behavioral Health
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

Name of facility	Voyages
Location (city and county)	Conroe; Montgomery
Phone number	936-242-0409
Key admission criteria	Harm to self or others or inability to manage activities of daily living related to mental health symptoms or deterioration.
Service area limitations if any	Adults only
Other relevant admission information for first responders	None
Number of beds	64
Is the facility currently under contract with the LMHA or LBHA to purchase beds?	Yes

Name of facility	Voyages
If under contract, is the facility contracted for contracted psychiatric beds (funded under the Community-Based Crisis Programs contract or Mental Health Grant for Justice-Involved Individuals), private psychiatric beds, or community mental health hospital beds (include all that apply)?	Contracted Psychiatric Beds (CBP) and Private Psychiatric Beds
If under contract, are beds purchased as a guaranteed set or on an as needed basis?	As Needed
If under contract, what is the bed day rate paid to the contracted facility?	\$700/day Note: This charge is all inclusive and includes Psychiatry services.
If not under contract, does the LMHA or LBHA use facility for single-case agreements for as needed beds?	N/A
If not under contract, what is the bed day rate paid to the facility for single-case agreements?	N/A

II.C Plan for Local, Short-term Management for People Deemed Incompetent to Stand Trial Pre- and Post-arrest

1. Identify local inpatient or outpatient alternatives, if any, to the state hospital the local service area has for competency restoration? Indicate "N/A" if the LMHA or LBHA does not have any available alternatives.

Response:

- If an individual has been deemed incompetent to stand trial under the Code of Criminal Procedure Chapter 46b and does not have a 3 G offense or an aggravated or sexual offense and are willing to participate in the Outpatient Competency Restoration Program, which includes mental health and substance use treatment services, as well as competency restoration, then they are eligible for up to 180 days under court supervision.

2. What barriers or issues limit access or utilization to local inpatient or outpatient alternatives?

Response:

- Public safety concern related to the voluntary nature of participating in the Outpatient Competency Restoration Program.
- Difficulty getting notification form the court system that a competency evaluation was ordered.
- Individuals participating in competency restoration programs do not qualify for time served which may deter some defenders and individuals from wanting to participate in this program.
- Limited options for housing and transportation in our service area.

3. Does the LMHA or LBHA have a dedicated jail liaison position? If so, what is the role of the jail liaison and at what point is the jail liaison engaged? Identify the name(s) and title(s) of employees who operate as the jail liaison.

Response:

- The LMHA has a dedicated Jail Liaison position in Montgomery County. The liaison will interview Montgomery County Jail inmates (and assist with coordinating court ordered 16.22 assessments) to determine if mental illness is a factor

in their incarceration and to facilitate removal from the jail system when care in the Community Center System is more appropriate. The Jail Services Liaison for Montgomery County is Jay Conley.

4. If the LMHA or LBHA does not have a dedicated jail liaison, identify the title(s) of employees who operate as a liaison between the LMHA or LBHA and the jail.

Response:

- In counties without a designated Jail Liaison, jail personnel are able to call the Avail Crisis Hotline number and they will dispatch MCOT or the Tri-County Behavioral Healthcare (TCBHC) Rural Clinic Coordinator from the local clinic as appropriate. Additionally, the Administrator of Criminal Justice Services for TCBHC is frequently in contact with representatives from the criminal justice system and available to assist with any barriers or challenges that may present. The Administrator of Criminal Justice Services for TCBHC and the Rural Clinic Coordinators for each location are as follows: Huntsville, Cleveland, and Liberty.

5. What plans, if any, are being developed over the next two years to maximize access and utilization of local alternatives for competency restoration?

Response:

- Tri-County Behavioral Healthcare (TCBHC) continues to have regular presentations and meetings with court staff in our service area, as well as other areas without a competency restoration program, to make sure all judicial entities involved are aware of the Outpatient Competency Restoration (OCR) program and who would qualify for utilization. Criminal Justice staff coordinate regularly with mental health courts and the district attorneys to encourage utilization of the OCR program when appropriate for an individual incompetent to stand trial. Additionally, TCBHC criminal justice staff coordinate with state forensic hospitals to identify those individuals who may be appropriate to step down into the OCR program as a means of offering a less restrictive environment and opening up a bed that may be needed for a more serious offender. Due to the lengthy waiting lists at the jails following the pandemic, additional efforts are being made to screen these individuals at appropriate intervals. These additional screenings are intended to determine whether an individual may be appropriate for removal from the waiting list and to ensure a new competency evaluation is completed prior to that determination.

6. Does the community have a need for new alternatives for competency restoration? If so, what kind of program would be suitable (e.g., Outpatient Competency Restoration, Inpatient Competency Restoration, Jail-based Competency Restoration, FACT Team, Post Jail Programs)?

Response:

- Tri-County Behavioral Healthcare (TCBHC) is interested in new alternatives for competency restoration as they become available such as a jail-based competency restoration program.

7. What is needed for implementation? Include resources and barriers that must be resolved.

Response:

- At this time there are several barriers to a jail-based competency restoration program in our community including the facility requirements and the staffing needed to house this program. Funding and space for this program would be needed for implementation.

II.D Seamless Integration of Emergent Psychiatric, Substance Use, and Physical Health Care Treatment and the Development of Texas Certified Community Behavioral Health Clinics

1. What steps have been taken to integrate emergency psychiatric, substance use, and physical healthcare services? Who did the LMHA or LBHA collaborate with in these efforts?

Response:

- Tri-County Behavioral Healthcare (TCBHC) frequently collaborates with community partners, such as hospitals and other treatment providers to meet the needs of individuals served. TCBHC frequently staffs mutual cases as appropriate to ensure connection with needed services are made including psychiatric, physical health and substance use treatment services.
- Adult and Youth Outpatient Substance Use Disorder Treatment Services are available to individuals served with a qualifying substance use diagnosis and Center staff are trained on initial screening and referral of individuals presenting with possible substance use disorders.

- During this past planning cycle, TCBHC provided additional services to address emergent psychiatric, substance use and routine physical healthcare treatment through SAMHSA grant funding. While some of these services were unfortunately discontinued at the end of FY 24 due to the end of the grant funding term, TCBHC continues to fund key services as allowable through a combination of state funding, ARPA and alternative payment methodologies. Current programs that are helping to provide seamless integration of psychiatric, substance use and physical healthcare include: Expanded Crisis Evaluation and Diversion, rural walk-in services, Enhanced Care Coordination, and the Integrated Healthcare Program that provides ongoing physical healthcare to individuals served who may not otherwise receive healthcare.
- The collaborations and services listed above were created for the purpose of bridging the gap between psychiatric services, physical health, and substance use disorders that are frequently comorbid with mental illness. As a part of the ongoing and Continuous Quality Improvement (CQI) Program at TCBHC, individuals with frequent hospitalizations are reviewed to identify areas of improvement and make recommendations to program areas as indicated. Additionally, qualifying individuals who are identified as having multiple factors placing them at high risk are offered Enhanced Care Coordination to help them address gaps in the system of care.

2. What are the plans for the next two years to further coordinate and integrate these services?

Response:

- Tri-County Behavioral Healthcare (TCBHC) plans to continue the Crisis Intervention Team model, as funding allows, in Montgomery County which has TCBHC clinicians riding along with trained Officers for 10 – 12 hour shifts. TCBHC continues to seek opportunities to grow this program to other counties. This program has proven to be effective in assisting and appropriately diverting individuals with mental health and/or substance abuse crises to the necessary interventions.
- TCBHC continues to seek opportunities to further incorporate technology into the crisis response system and other areas of the system of care, as appropriate.
- TCBHC will continue to strive to maintain status as a Certified Community Behavioral Health Clinic (CCBHC) focusing on the integrated person and family centered care of those we serve working toward the goal of recovery. As a CCBHC, TCBHC will continue to focus on opportunities to enhance Care Coordination at TCBHC through engagement, community collaborations, Memorandums of understanding and relationship building in order to further strengthen the referrals and follow-ups to healthcare and substance use treatment.
- TCBHC will continue to seek opportunities to enhance data collection and make improvements in monitoring service delivery through risk stratification. These improvements will assist in assessing the quality and effectiveness of care coordination moving forward as well as identifying critical gaps in the system of care.
- Regional collaboration and solutions will continue to be sought when local resources are not available. Examples might include affordable residential substance use treatment and transitional housing options.

II.E Communication Plans

1. What steps have been taken to ensure key information from the Psychiatric Emergency Plan is shared with emergency responders and other community stakeholders?

Response:

- Tri-County Behavioral Healthcare (TCBHC) continues to hold and participate in regular meetings with key stakeholders including a Jail Diversion workgroup and Montgomery County Behavioral Health and Suicide Prevention Taskforce. In addition to these stakeholder meetings, TCBHC also hosts and facilitates four Crisis Collaborative meetings occurring monthly across two counties in our service area. These crisis collaboratives, are focused on both adults and youth and seek to engage community partners and stakeholders in problem solving needs in our community related to diversion (i.e. from ERs and jails) and quality care. Our staff continue to provide several community outreach and education sessions to community members upon request and via outreach to key stakeholders. These outreach events present additional opportunities for our Center to educate stakeholders about our services, including information provided in the Psychiatric Emergency Plan. One such outreach our Center is currently providing is Youth Mental Health First Aid, which teaches adults how to recognize possible mental health symptoms in youth and connect them with professionals who can appropriately assess and address their symptoms whether it is medical, mental health, or other. Additionally, TCBHC continues to benefit from having active feedback from our Planning and Network Advisory Committee (PNAC) members. Several of the PNAC members are family members of individuals served and involved in various aspects of our community. We continue to provide them with information on the services we provide and obstacles we face as an organization and they provide us with feedback for improvement as well as assist with community awareness. TCBHC is currently collaborating with Montgomery County Law Enforcement to provide response teams for the county that include both a clinician and a police officer who are teamed up and able to respond to higher intensity situations within our community. This program has helped to improve collaboration with law enforcement and subsequently decreased the burden on hospitals and jails. In coordination with the Montgomery County Hospital District, Tri-County currently serves on the Montgomery County Critical Incident Stress Management (CISM) Team, providing the behavioral health component as needed. Lastly, the current Local Plan is posted on our agency website for review which will allow us to direct individuals wanting to gain more information on the Psychiatric Emergency Plan to this information.

2. How will the LMHA or LBHA ensure staff (including MCOT, hotline, and staff receiving incoming telephone calls) have the information and training to implement the plan?

Response:

- Upon completion, this plan will be shared with all Center Management Team members and distributed and reviewed with appropriate LMHA staff and/or contractors. In addition, key information is shared with appropriate staff during the onboarding process and the final plan will be accessible by all staff on the Center website under 'Center Plans'.

II.F Gaps in the Local Crisis Response System

Use the table below to identify the critical gaps in the local crisis emergency response system? Consider needs in all parts of the local service area, including those specific to certain counties. Add additional rows if needed.

Table 7: Crisis Emergency Response Service System Gaps

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
Montgomery, Liberty, Walker	<ul style="list-style-type: none"> • Local inpatient psychiatric options for young children and persons with intellectual development disabilities. • Affordable substance use inpatient treatment, residential treatment and detox options. • Affordable transitional or step-down housing options. This often impacts follow up attempts as well if the individual does not have a stable phone number or is transient. • Availability of State hospital beds for complex patients that are too acute for local contract hospitals. 	<ul style="list-style-type: none"> • Continue to collaborate with local and State inpatient psychiatric hospitals to address the needs of the community and continue to expand the network of providers that are able to serve expanded age groups, dual diagnoses, and complex individuals. • Continue to seek opportunities for funding sustainable inpatient substance use treatment and continue to build community relationships in order to address the needs as opportunities and funding become available. • Continue to seek opportunities to develop and collaborate with community partners in order to provide transitional housing or additional step-down options for individuals in need with mental health or substance use disorders. • Continue to participate in community planning and seek sustainable funding for a Diversion Center as outlined above on p.15. 	<ul style="list-style-type: none"> • Due to service system gaps being tied directly to needed funding, there is no current identifiable timeline.

County	Service System Gaps	Recommendations to Address the Gaps	Timeline to Address Gaps (if applicable)
Walker	<ul style="list-style-type: none"> Designated Mental Health Officers. 	<ul style="list-style-type: none"> Continue to seek opportunities for funding and expansion of Mental Health Officers in Walker County. 	<ul style="list-style-type: none"> Due to service system gaps being tied directly to needed funding, there is no current identifiable timeline.
Walker and Liberty	<ul style="list-style-type: none"> Crisis Intervention Response Team (CIRT). Distance to the Psychiatric Emergency Treatment Center (PETC). 	<ul style="list-style-type: none"> Continue to seek opportunities for funding and expansion of the Crisis Intervention Response Team (CIRT) as well as additional drop off points in Walker and Liberty Counties. Continue to educate and engage collaborating agencies on available technological solutions to address the distance to the PETC with respect to initial risk assessments. 	<ul style="list-style-type: none"> Due to service system gaps being tied directly to needed funding, there is no current identifiable timeline. N/A – education and collaboration with partner agencies is ongoing.

Section III: Plans and Priorities for System Development

III.A Jail Diversion

The Sequential Intercept Model (SIM) informs community-based responses to people with mental health and substance disorders involved in the criminal justice system. The model is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

A link to the SIM can be accessed here:

<https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

In the tables below, indicate the strategies used in each intercept to divert people from the criminal justice system and indicate the counties in the service area where the strategies are applicable. List current activities and any plans for the next two years. Enter N/A if not applicable.

Table 8: Intercept 0 Community Services

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
Tri-County Behavioral Healthcare (TCBHC) provides a wide array of outpatient and support services for eligible individuals with behavioral health and Intellectual and Developmental Disabilities.	Montgomery, Liberty, Walker	TCBHC recognizes the growth of our service area and continues to seek opportunities to expand services when resources allow and to adjust programs and services to better meet the population served as well as identified need.

<p align="center">Intercept 0: Community Services Current Programs and Initiatives:</p>	<p align="center">County(s)</p>	<p align="center">Plans for Upcoming Two Years:</p>
<ul style="list-style-type: none"> • Available community training is provided through our Youth Mental Health First Aid program as well as trainings offered through our Veterans Services Department re: military culture and PTSD. These trainings are provided free of charge to our stakeholders. • Additional trainings are provided or arranged when need is identified during ongoing stakeholder collaborative meetings. 	<p>Montgomery, Liberty, Walker</p>	<p>Continue providing the current trainings and seek additional opportunities to educate the community about the services we provide and other relevant referral sources. Additionally, through Sequential Intercept Mapping held with several community partners, it was identified that there were three additional key areas the group would like to focus on to include: continued planning for a regional diversion center; expanding training and specialized responses; and expanding and enhancing jail mental health and substance use treatment services.</p>
<p>TCBHC maintains a contract for 24/7 Crisis Hotline services. This hotline may be accessed by any community members during a psychiatric crisis to obtain guidance and referrals appropriate to the situation.</p>	<p>Montgomery, Liberty, Walker</p>	<p>TCBHC is required to maintain a crisis hotline as a part of our contract with the Texas Health and Human Services Commission and plans to continue providing this service over the next two years.</p>
<p>TCBHC has a Psychiatric Emergency Treatment Center (PETC) that is open around the clock and available for community members seeking crisis services.</p>	<p>Located in Montgomery but available to anyone in crisis in the service area regardless of county of residence</p>	<p>Currently, the services at the PETC are funded through a combination of State and local dollars through the end of 2025. TCBHC continues to seek funding opportunities for long term sustainability.</p> <p>In response to staffing shortages experienced around the State, TCBHC is actively working to enhance recruitment and retention efforts for key positions needed for our crisis response system.</p>

Intercept 0: Community Services Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCBHC has developed a Crisis Care Plan that is utilized as a part of the Recovery Planning process to identify preferences (advance directives) for individuals at risk for mental health crises.	Montgomery, Liberty, Walker	Continue to incorporate the Crisis Care plan into outpatient services, during crisis situations and communicate these preferences with other treatment providers as appropriate.
TCBHC has developed a team of staff trained in Critical Incident Stress Management (CISM) response that serves as the behavioral health component of the Montgomery County CISM Team in collaboration with the Montgomery County Hospital District (MCHD) CISM Team.	Montgomery County	TCBHC is continuing to grow our disaster response team and is actively seeking training opportunities to develop this team and expand our response capabilities should the need arise.

Table 9: Intercept 1 Law Enforcement

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
TCBHC continues to provide clinicians for the Crisis Intervention Response Team (CIRT) and Crisis Intervention Teams (CITs) which enhances our ability to respond to crisis situations through collaboration and contract with specially trained law enforcement.	Montgomery	Tri-County Behavioral Healthcare (TCBHC) plans to continue the Crisis Intervention Team model, as funding allows, in Montgomery County which has TCBHC clinicians riding along with trained Officers for 10 – 12 hour shifts. TCBHC continues to seek opportunities to grow this program to other counties. This program has proven to be effective in assisting and appropriately diverting individuals with mental health and/or substance abuse crises to the necessary interventions.
TCBHC’s Mobile Crisis Outreach Team (MCOT) continues to respond to crisis situations in the community and local emergency departments as requested to provide crisis response and intervention services.	Montgomery, Liberty, Walker	TCBHC will continue to deploy MCOT staff into the community to address crisis situations as needed or upon request.

Intercept 1: Law Enforcement Current Programs and Initiatives:	County(s)	Plans for Upcoming Two years:
<ul style="list-style-type: none"> • TCBHC’s crisis services staff provide training to law enforcement regarding drop off points as well as service linkage and follow-up processes for those individuals who are not hospitalized. • Jail diversion staff provide training to law enforcement related to our involvement in diverting appropriate individuals from the criminal justice system. • Veteran’s staff provide training to law enforcement personnel related to Veteran culture and PTSD upon request. This information is key for law enforcement personnel responding to Veterans who may be in crisis. 	Montgomery, Liberty, and Walker	TCBHC collaborates and builds relationships with local law enforcement agencies whenever possible and will continue to provide specialized training for law enforcement upon request or as need arises.
<ul style="list-style-type: none"> • TCBHC currently has a Psychiatric Emergency Treatment Center where law enforcement can bring individuals to be assessed and evaluated for mental health needs. 	Located in Montgomery but available to anyone in crisis in the service area regardless of county of residence	TCBHC has recently secured ARPA funding through Montgomery County as well as one time funding through the legislature which allowed for the re-opening of the Crisis Stabilization Unit (CSU) that was temporarily closed due to staffing and funding shortages during the previous planning cycle.

Table 10: Intercept 2 Post Arrest

Intercept 2: Post Arrest; Initial Detention and Initial Hearings Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCBHC currently has policies and procedures in place that outline Information Sharing protocols and include TCOOMMI allowances through the Health and Safety Code. TCBHC utilizes memorandums of understanding with jails and probation as needed in order to increase response time and staff are designated to monitor and follow up on any Quarry from Law Enforcement through the Texas Law Enforcement Telecommunication System (TLETS). Additionally, staff monitor reports in the HHSC’s Mental and Behavioral Health Outpatient Warehouse (MBOW) to determine if there are any continuity of care opportunities with the jails if a current active client is in jail.	Montgomery, Liberty, Walker	Continue to train staff on information sharing protocols, TLETS queries, available MBOW reports, follow-up, and collaborate with community partners to address any identified barriers.

Table 11: Intercept 3 Jails and Courts

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCBHC currently operates an Outpatient Competency Restoration program for individuals determined incompetent to stand trial under the Code of Criminal Procedure 46B.	Montgomery, Walker and Liberty	Continue providing Outpatient Competency Restoration to eligible individuals and continue to focus on educating key stakeholders on eligibility, benefits, and how to access the program as an alternative to incarceration for appropriate non-violent offenders.
TCBHC has staff who are designated to provide monthly compliance reporting for the court for those deemed Not Guilty by Reason of Insanity 46C.	Montgomery, Liberty, Walker	TCBHC will continue to provide staff and monthly reporting related to individuals deemed Not Guilty by Reason of Insanity.

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<p>Routine screening for mental illness and diversion eligibility is completed in the Jails. TCOOMMI Case Managers and other staff working with offenders with mental impairments continuously seek opportunities to connect those served to other needed resources in the community, link to comprehensive services when able, and provide continuity of care services in jails as needed.</p>	<p>Montgomery, Liberty, and Walker</p>	<ul style="list-style-type: none"> • TCBHC will continue to seek opportunities to partner with the criminal justice system to divert individuals from jails to outpatient mental health treatment when the outpatient mental health treatment is deemed the more appropriate solution. • As a part of our diversion efforts, TCBHC case managers will continue to provide services in Jail when appropriate and link individuals served to comprehensive services as well as a wide variety of resources in the community to meet their overall needs and improve their chances of success with outpatient treatment.
<p>TCBHC staff provide assessments and evaluations, in addition to ongoing supports and services, for persons identified by the court as being appropriate for assisted outpatient commitments.</p>	<p>Montgomery, Liberty, Walker</p>	<ul style="list-style-type: none"> • TCBHC will continue to collaborate with the courts to provide ongoing services and supports to individuals ordered to assisted outpatient commitments.
<p>TCBHC has a designated staff who coordinates with Montgomery County Mental Health Treatment Court staff in order to provide recommendations and linkage with ongoing behavioral health/substance use treatment as needed.</p>	<p>Montgomery</p>	<ul style="list-style-type: none"> • TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Mental Health Treatment Court, in order to connect individuals, make recommendations and link individuals with needed services to improve successful transition out of the criminal justice system.

Intercept 3: Jails and Courts Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
TCBHC's Veteran Services Liaison, who coordinates the Military Veteran Peer Network for our catchment area, is involved in the Montgomery County and Liberty County Veteran's Treatment Court and provides mentorship for individuals in the Veterans Jail Dorm in Montgomery County. The Veteran Services Liaison works closely with individuals assigned to the Veteran's treatment court docket and ensures that they are connected to other needed veteran services within the area.	Montgomery and Liberty	<ul style="list-style-type: none"> • TCBHC will continue to provide support to Veteran Treatment Courts in our catchment area, as resources allow, including peer mentorship and linkage to comprehensive services as well as continuing to assist other counties connect with peer mentors through the Military Veteran Peer Network as requested/needed.
TCBHC's designated staff meet with Mental Health Court personnel monthly to staff cases and to make recommendations on individuals appropriate to be served through Mental Health Court.	Montgomery	<ul style="list-style-type: none"> • TCBHC will continue to work collaboratively with specialty courts in our catchment area, such as the Montgomery County Mental Health Court, in order to connect individuals, appropriate to be served, with the appropriate court staff. Designated staff will continue to link individuals with needed services to improve successful transition out of the criminal justice system.

Table 12: Intercept 4 Reentry

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<ul style="list-style-type: none"> • The Montgomery County Jail Services Liaison is designated to assess needs and coordinate treatment and/or transition for individuals identified as having a mental illness. In the other counties in our catchment area, Continuity of Care staff collaborate with jail and court staff to coordinate treatment and provide assistance and supports. 	Montgomery (Jail Liaison), Liberty, and Walker	<ul style="list-style-type: none"> • TCBHC will continue to work collaboratively with jail staff to provide transitional services inside jails and in collaboration with jail staff. • TCBHC will continue to seek opportunities for funding to expand the Jail Liaison program to additional jails within our catchment area.

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<ul style="list-style-type: none"> • The Montgomery County Jail Services Liaison is designated to assess needs and coordinate treatment and or transition for individuals identified as having a mental illness. • The Veteran Services Liaison coordinates a jail mentorship program for individuals in the Veterans Jail Dorm in Montgomery County and currently has mentors that are available to mentor individuals during their time in the dorm, during their re-entry, and following their sentence to improve their access to needed resources and support with the ultimate goal of improving success rates following incarceration. • TCOOMMI staff have a continuity of care clinician and case manager who work with individuals upon re-entry to assist with community integration. They are able to provide assessment, medication and coordination of services upon release from TDCJ. 	<p>Montgomery (Jail Liaison), Walker and Liberty</p>	<p>TCBHC will continue to provide staff to assess needs, develop plans for services, and coordinate transition to ensure continuity at release while funding is available and will continue to seek opportunities to expand Jail Liaison services to other jails in our catchment area.</p>
<ul style="list-style-type: none"> • The Veteran Services Liaison occasionally responds to requests from jails and prisons when a Veteran is being discharged and facing reentry into society. Our Military Veteran Peer Mentors are available to provide a one-time meeting prior to discharge, as requested by the jails and as resources permit, to ensure that the Veteran is provided with information on other Veteran and community resources to meet their needs and increase the probability of success following discharge. • Our Montgomery County Jail Liaison and Continuity of care staff are involved in discharge and transition planning to ensure care coordination upon discharge. 	<p>Montgomery (Jail Liaison), Liberty, Walker</p>	<p>TCBHC continues to provide a structured process to coordinate discharge and transition planning with jails whenever feasible and will continue to seek opportunities to expand the Jail Liaison program to additional jails within our catchment area as well as to work collaboratively with the criminal justice system to share information when appropriate to better ensure successful transitions from jail to outpatient treatment.</p>

Intercept 4: Reentry Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<ul style="list-style-type: none"> • Specialized Case Management teams to coordinate post-release services: <ol style="list-style-type: none"> 1) Continuity of care staff continue to monitor all State hospital discharges to ensure proper follow up care is offered. 2) Staff communicate monthly with State forensic hospitals to identify individuals who may be appropriate to step down into the Outpatient Competency Restoration program. 	Montgomery, Liberty and Walker	TCBHC will continue to provide continuity of care and collaborate with State Hospitals to improve the chances of success post – release and to engage in ongoing outpatient treatment whenever appropriate.

Table 13: Intercept 5 Community Corrections

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<ul style="list-style-type: none"> • TCBHC provides regular screening for jail diversion through continuity of care staff and program clinicians at the jail for eligible candidates for diversion and presentation to the court. 	Montgomery (Jail Liaison), Liberty, Walker	<ul style="list-style-type: none"> • TCBHC will continue to work closely with jail and court staff to identify individuals eligible for diversion and pre-trial services and supports through routine screening for mental illness and substance use disorders.
<ul style="list-style-type: none"> • TCBHC provides training for probation and parole on mental health, substance use disorder and program services and procedures related to Intercept 5 and these trainings continue to be available upon request and/or identified need. 	Montgomery, Liberty, Walker	<ul style="list-style-type: none"> • TCBHC will continue to provide training for probation and parole staff upon request and participate in frequent collaborative meetings to determine ongoing need for training.
<ul style="list-style-type: none"> • Specialized intensive case managers for adult mental health offenders on felony probation and parole are available through the TCOOMMI program to provide rehabilitative services to enhance community integration and reduce recidivism. 	Montgomery, Liberty, Walker	<ul style="list-style-type: none"> • Through the TCOOMMI Program, TCBHC will continue to provide staff assigned to specialized caseloads aimed at facilitating access to comprehensive services for offenders on felony probation and parole.

Intercept 5: Community Corrections Current Programs and Initiatives:	County(s)	Plans for Upcoming Two Years:
<ul style="list-style-type: none"> The TCOOMMI program is staffed with case managers who work jointly with community corrections officers to make recommendations to the court to reinforce positive behavior and address sanctions for non-compliance with supervision. 	Montgomery, Liberty, Walker	<ul style="list-style-type: none"> TCBHC will continue to designate staff assigned to serve as liaison with community corrections to ensure a range of options to reinforce positive behavior and effectively address non-compliance.

III.B Other Behavioral Health Strategic Priorities

The Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. In 2015, the Texas Legislature established the SBHCC to coordinate behavioral health services across state agencies. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive state general revenue for behavioral health services. Core duties of the SBHCC include developing, monitoring, and implementing a five-year statewide behavioral health strategic plan; developing annual coordinated statewide behavioral health expenditure proposals; and annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

The [Texas Statewide Behavioral Health Plan](#) identifies other significant gaps and goals in the state’s behavioral health services system. The gaps identified in the plan are:

- Gap 1: Access to appropriate behavioral health services
- Gap 2: Behavioral health needs of public-school students
- Gap 3: Coordination across state agencies
- Gap 4: Supports for Service Members, veterans, and their families
- Gap 5: Continuity of care for people of all ages involved in the Justice System
- Gap 6: Access to timely treatment services
- Gap 7: Implementation of evidence-based practices
- Gap 8: Use of peer services

- Gap 9: Behavioral health services for people with intellectual and developmental disabilities
- Gap 10: Social determinants of health and other barriers to care
- Gap 11: Prevention and early intervention services
- Gap 12: Access to supported housing and employment
- Gap 13: Behavioral health workforce shortage
- Gap 14: Shared and usable data

The goals identified in the plan are:

- Goal 1: Intervene early to reduce the impact of trauma and improve social determinants of health outcomes.
- Goal 2: Collaborate across agencies and systems to improve behavioral health policies and services.
- Goal 3: Develop and support the behavioral health workforce.
- Goal 4: Manage and utilize data to measure performance and inform decisions.

Use the table below to briefly describe the status of each area of focus as identified in the plan (key accomplishments, challenges, and current activities), and then summarize objectives and activities planned for the next two years.

Table 14: Current Status of Texas Statewide Behavioral Health Plan

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Expand Trauma-Informed Care, linguistic, and cultural awareness training and build this knowledge into services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	TCBHC is a Certified Community Behavioral Health Clinic (CCBHC) and as such, incorporates Trauma informed practices and mindset throughout our services. Staff receive training at the point of hire related to trauma informed care, cultural awareness (to include linguistic awareness) and these concepts are reinforced and intertwined throughout the onboarding and training process as well as throughout their tenure with the Center.	Continue to provide training and reinforce processes that support trauma informed practices both with respect to individuals served and employees.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Coordinate across local, state, and federal agencies to increase and maximize use of funding for access to housing, employment, transportation, and other needs that impact health outcomes</p>	<ul style="list-style-type: none"> • Gaps 2, 3, 4, 5, 10, 12 • Goal 1 	<p>TCBHC participates in several initiatives aimed at improving administrative and clinical efficiencies and collaborations with other agencies. Examples of these initiatives include: participation as a member of the East Texas Behavioral Health Network (ETBHN) for shared cost savings on essential services; participation in the All Texas Access, Rusk State Hospital Regional group led by HHSC in accordance with SB 454 which addresses issues of interest to rural communities such as transportation of people served by an LMHA to mental health facilities; and through collaborations with local agencies such as the Montgomery County Behavioral Health and Suicide Prevention Taskforce aimed at identifying gaps in community resources and creating goals for solutions.</p>	<p>Continue to participate in collaborations with State, Regional and local partners when opportunities arise and continue to seek funding opportunities to support these partnerships that would allow for maximization of funding to address needed social determinants of health impacting health outcomes. Additionally, TCBHC will continue to collect information on the Social Determinants of Health needs of our population served so that we can better focus our solutions around direct needs of those we serve.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore financial, statutory, and administrative barriers to funding new or expanding behavioral health support services	<ul style="list-style-type: none"> • Gaps 1, 10 • Goal 1 	As opportunities present, TCBHC analyzes the potential for expanding behavioral health support services to include a risk analysis that identifies barriers and sustainability factors. When possible, changes may be made internally in order to support growth. When barriers exist that are outside of TCBHC control, this information is shared as appropriate (i.e. contractor, legislators, community partners).	Continue to seek new opportunities to expand behavioral health support services, share information on barriers identified, and when possible utilize administrative efficiencies and procedural changes.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement services that are person- and family-centered across systems of care	<ul style="list-style-type: none"> • Gap 10 • Goal 1 	As a Certified Behavioral Health Clinic (CCBHC), TCBHC incorporates person centered and family centered care into our services to the greatest extent possible. From initial training of staff to exploration and discovery with those we serve as well as creation of processes that best capture individual preferences and outcomes, staff are able to provide support and services in a way that reflects the wants and needs of each unique individual. As a part of this process, individuals served are encouraged to involve those that are important to their recovery in a way that both supports their emotional wellbeing and respects their privacy.	<p>TCBHC will continue to incorporate person centered and family centered care through our staff training, procedures, interactions and services to the greatest extent possible.</p> <p>Continued focus on ensuring plans and consents are in place to provide the best support possible that is aligned with this model.</p> <p>Continued training provided to staff to ensure understanding of the person-centered care model, not only through services they provide, but how those intersect with other providers across systems of care.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Enhance prevention and early intervention services across the lifespan	<ul style="list-style-type: none"> • Gaps 2, 11 • Goal 1 	TCBHC has been piloting and expanding School Based Clinics in our catchment area as funding permits for the past several years with very positive results and feedback from stakeholders. Additionally, TCBHC has recently been awarded funding for a Multisystemic Therapy (MST) Program and a Youth Crisis Outreach Plus (YCOT+) Program, both of which are aimed at addressing the needs of high risk youth and improving prognosis over time.	<p>TCBHC will continue to grow collaborations with local school districts in our catchment area and plans to participate in and expand School Based Clinics as funding permits.</p> <p>TCBHC will continue to implement and promote services benefiting our high risk youth population. As a part of this implementation, TCBHC will continue to foster collaborations with youth placement agencies, Department of Family and Protective Services and other child advocacy agencies.</p>
Identify best practices in communication and information sharing to maximize collaboration across agencies	<ul style="list-style-type: none"> • Gap 3 • Goal 2 	As a Certified Behavioral Health Clinic (CCBHC), TCBHC values Care Coordination across service providers to ensure continuity of care for those we serve. Ensuring plans and consents are in place early on in treatment as well as securing Memorandums of Understanding with key community partners are focal to our goals with information sharing so that we can maximize collaboration across agencies while protecting the privacy of individuals served when legally required.	TCBHC will continue to identify processes and procedures that may be streamlined to remove barriers to communication, continues to seek opportunities for information sharing that align with current privacy laws and will continue to establish memorandums of understanding and coordinate with community partners to maximize collaboration whenever feasible.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Collaborate to jointly develop behavioral health policies and implement behavioral health services to achieve a coordinated, strategic approach to enhancing systems</p>	<ul style="list-style-type: none"> • Gaps 1, 3, 7 • Goal 2 	<p>TCBHC participates in several community collaboratives across our service area including the Montgomery County Behavioral Health and Suicide Prevention Taskforce, Crisis Collaborative workgroups, Jail Diversion Workgroups and other stakeholder focused initiatives such as Sequential Intercept Mapping (SIM) in order to identify community needs, gaps, strengths and weaknesses and work together in a coordinated effort to improve the system of care. Additionally, TCBHC participates on State led Workgroups whenever feasible to ensure collaboration with developing policies and making improvements for those we serve.</p>	<p>TCBHC will continue to participate in and lead community collaborations aimed at improving the system of care for those we serve. Adjustments are made as the need arises and efforts are ongoing to ensure key stakeholders are included and involved. As opportunities present, TCBHC will ensure participation in joint efforts to improve the system of care.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify and strategize opportunities to support and implement recommendations from SBHCC member advisory committees and SBHCC member strategic plans	<ul style="list-style-type: none"> • Gap 3 • Goal 2 	TCBHC participates in both State led and Center system workgroups and Consortias that support discussions about State strategic goals and direction as it relates to Community Centers. Through these channels, information is shared with TCBHC staff, stakeholders and other community members in a way that helps to support and guide progress toward recommendations from the SBHCC.	TCBHC will continue participate in both State led and Center system workgroups and discussions in order to align our direction with the State Strategic plan as needed.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Increase awareness of provider networks, services and programs to better refer people to the appropriate level of care</p>	<ul style="list-style-type: none"> • Gaps 1, 11, 14 • Goal 2 	<p>TCBHC participates in several community collaboratives across our service area including the Montgomery County Behavioral Health and Suicide Prevention Taskforce, Crisis Collaborative workgroups, Jail Diversion Workgroups and other stakeholder focused initiatives such as TCBHC's Planning and Network Advisory Committees, and frequent communication and collaboration with local schools in order to ensure accurate information is provided to community partners related to access points and services provided. Additionally, TCBHC has participated in a joint community effort to support and promote a specialty referral program in Montgomery County, through Mosaics of Mercy, that helps to connect community members needing mental health and substance use services with the appropriate services.</p>	<p>TCBHC will continue to participate in and lead community collaborations aimed at improving the awareness and education of the services provided through TCBHC as well as information on access points, specialty programs and available referral sources in the community. TCBHC will continue to reassess that appropriate community partners are included in stakeholder meetings to ensure awareness of the complete provider network.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Identify gaps in continuity of care procedures to reduce delays in care and waitlists for services	<ul style="list-style-type: none"> • Gaps 1, 5, 6 • Goal 2 	<p>TCBHC has an active Continuous Quality Improvement (CQI) program. As a part of this program, TCBHC conducts risk stratification analysis and review of individuals who re-hospitalize within 30 days. This allows for frequent review of and identification of potential gaps and needed improvements related to continuity of care procedures as well as a review of time to services.</p> <p>Additionally, TCBHC is actively seeking feedback from individuals served as a part of an FY 25 Strategic goal to gain better understanding of gaps and needs from the perspective of individuals served.</p>	<p>TCBHC has an ongoing CQI process that adjusts and changes goals based on identified community and center needs. Additionally, through the FY 24 Local Planning process and throughout FY 25, survey feedback will be utilized for quality improvement purposes, to include, but not limited to assessing access to services.</p>
Develop step-down and step-up levels of care to address the range of participant needs	<ul style="list-style-type: none"> • Gaps 1, 5, 6 • Goal 2 	<p>Continuity of care staff participate in telephonic and face to face meetings and conferences pertaining to the clinical progress of individuals receiving care at a State hospital.</p>	<p>Continue the existing system and utilize care coordination team members to assist with engagement and transition as appropriate.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance</p>	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 3 	<p>TCBHC participates in State workgroups when opportunities present and has several internal committees and structures to support analysis of service provision data including, but not limited to, the Junior Utilization Management Committee (JUM), the Mental Health Quality and Utilization Management Committee (MH QM/UM), the Regional Utilization Management Committee (RUM) and the Software Management Team (SMT). Additionally, TCBHC participates in a State Consortium made up of representatives from each Community Center around the State to share ideas, problem solve and assist with system improvement.</p>	<p>As the Community Center System of care receives feedback, TCBHC will continue to participate in State and System led workgroups and collaboratives aimed at better understanding trends in access to services and gaps in care with the goal of implementing changes that positively impact the effectiveness of our services to improve the quality of life for those we serve.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Explore opportunities to provide emotional supports to workers who serve people receiving services</p>	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	<p>TCBHC currently serves as the behavioral health component on the Montgomery County Critical Incident Stress Management Team (CISM) through Montgomery County Hospital District, and provides debriefings and post trauma supports to first responders, including the mental health workforce, when an identified need arises. Additionally, employee assistance programs are made available to staff to assist and support those who may be struggling beyond the capabilities of the CISM Team.</p>	<p>TCBHC continues to seek opportunities to expand its network of trained Critical Incident Stress Management responders and will continue to foster the relationship with community partners and provide supports to employees when needed. Additionally, employee benefits will continue to be reviewed frequently to ensure the needed employee assistance programs are meeting the needs of the workforce.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Use data to identify gaps, barriers and opportunities for recruiting, retention, and succession planning of the behavioral health workforce</p>	<ul style="list-style-type: none"> • Gaps 13, 14 • Goal 3 	<p>TCBHC regularly reports data related to employee turnover, to include but not limited to collectable data from exit interviews. The TCBHC Management Team has been actively working on Strategic planning goals surrounding recruiting and retention and has collaborated with other Centers to identify effective approaches to removing gaps and barriers. Changes continue to be made as feasible strategies are identified. TCBHC continues to experience high levels of turnover despite continued efforts to make improvement in this area. Challenges identified include geographical location to larger metropolitan area, individuals leaving for more competitive salaries in the area, and complexity of the requirements.</p>	<p>TCBHC will continue to focus on identifying and removing gaps and barriers to staff retention and recruiting of quality behavioral health workforce members. Initial data has been collected through staff surveys and plans are in place to utilize this data to further improve our strategies in this area. As well, TCBHC continues to identify next level managers and will seek to identify additional approaches to retain this portion of the workforce and continues to seek opportunities as well as communicate with the State on challenges and barriers related to the behavioral health workforce.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Implement a call to service campaign to increase the behavioral health workforce	<ul style="list-style-type: none"> • Gap 13 • Goal 3 	TCBHC is actively participating in Job Fairs and utilizing social media along with job search and hiring platforms in order to maximize awareness and gain attention of prospective employees. Additionally, TCBHC incorporates sales and marketing strategies to attract quality workforce members who have personal career goals that align with our mission. In this last planning cycle, TCBHC has initiated relationships with some local learning institutions in order to heighten awareness and interest in the behavioral health industry.	TCBHC will continue to participate in current strategies and has plans to increase collaborations with local educational institutions to ensure awareness and opportunities are available for those who may be interested in a career in the behavioral health field.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Develop and implement policies that support a diversified workforce	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	<p>As a Certified Community Behavioral Health Clinic (CCBHC), TCBHC completes community Needs Assessment and is regularly looking at the demographics of our community and individuals served to ensure we are addressing health disparities and meeting the needs of populations served. As a such, TCBHC has a non-discrimination policy and actively seeks a workforce that is able to meet the needs of the population served (i.e. bilingual staff; diverse backgrounds; and other factors that may need to be considered to provide a culturally competent and trauma informed workforce). Currently TCBHC has bilingual staff at multiple levels, including adult and child psychiatry and a bilingual psychologist.</p>	<p>TCBHC values diversity in our workforce and will continue to seek a workforce that supports the Needs of our Community and individuals served. Through continued cultural awareness trainings provided to staff and trauma informed practices that benefit both those served and the workforce, TCBHC will continue to seek opportunities for new strategies to support a diversified workforce.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Assess ways to ease state contracting processes to expand the behavioral health workforce and services	<ul style="list-style-type: none"> • Gaps 3, 13 • Goal 3 	TCBHC seeks solutions to streamline and automate processes whenever feasible and appropriate, shares information between Local Mental Health Authorities to identify efficiencies and solutions and continues to communicate barriers and ideas for quality improvement to the State Health and Human Services Commission.	Tri-County has recently upgraded to a new Electronic Health Record, will continue to identify and develop processes that create efficiencies, information sharing with other Local Mental Health Authorities around the State, and communication with contracting agencies, with a goal of expanding the behavioral health workforce and services.
Create a data subcommittee in the SBHCC to understand trends in service enrollment, waitlists, gaps in levels of care and other data important to assessing the effectiveness of policies and provider performance	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 	TCBHC participates in several meetings and workgroups that promote analysis of service data, gaps in care and effectiveness of current procedures to include but not limited to: A Quality and Utilization Management Committee, a Junior Utilization Management Committee which is more of a working group; and a Regional Utilization Management Committee through East Texas Behavioral Health Network.	TCBHC will continue to participate in current meetings and workgroups and has recently expanded resources in Utilization Management in order to keep pace with increased focus from oversight agencies on data and outcomes. The Continuous Quality Improvement Committee (CQI) has plans to continue analyzing access to services and process and procedure improvements will continue to be made as issues are identified.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Explore the use of a shared data portal as a mechanism for cross-agency data collection and analysis	<ul style="list-style-type: none"> • Gaps 3, 14 • Goal 4 	TCBHC continues to participate in conversations with other Community Centers and Community Partners related to data sharing, collection and analysis. While we have been successful in setting up mechanisms for cross agency data sharing on a small scale, we have continued to hit barriers related to privacy laws and sharing of information with community partners on a larger multi-agency scale.	TCBHC will continue to actively participate in and seek opportunities for data sharing that benefit the care coordination and continuity of care for those we serve, promote data collection and analysis, while maintaining compliance with best practices and privacy laws.

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
<p>Explore opportunities to increase identification of service members, veterans, and their families who access state-funded services to understand their needs and connect them with appropriate resources</p>	<ul style="list-style-type: none"> • Gaps 3, 4, 14 • Goal 4 	<p>TCBHC currently collects voluntary information on veteran status and actively connects veterans with our Veteran Services Department whenever appropriate. Within the Veteran Services Department, there are some services where personal information is limited in order to remove the barrier of the stigma of seeking mental healthcare for those who have served our country, however, we have a network of referral sources and a Memorandum of Understanding with the Veteran’s Administration (VA) that allows us to provide referrals and connections as needed for our Veteran population.</p>	<p>TCBHC will continue to collect voluntary data on Veteran Status and connect individuals served with needed resources in the community. As new resources become available, TCBHC seeks to build relationships with other Veteran Service Providers in order to expand our referral network. As well, TCBHC is actively working to expand community awareness through improved marketing materials and strategies. Information for the Veterans Services offered at TCBHC are included in marketing materials where appropriate.</p>

Area of Focus	Related Gaps and Goals from Strategic Plan	Current Status	Plans
Collect data to understand the effectiveness of evidence-based practices and the quality of these services	<ul style="list-style-type: none"> • Gaps 7, 14 • Goal 4 	TCBHC actively utilizes data to analyze services and highlight areas of quality improvement. As a part of this process, data is used to better understand our high-risk population and identify the interventions that may serve as risk and protective factors in our system of care. Additionally, through data collection initiatives guided by participation in Directed Payment Methodology (DPP) and as a Certified Community Behavioral Health Clinic (CCBHC), TCBHC frequently reviews outcome information which includes evidence-based assessments, to determine effectiveness.	TCBHC plans to continue in the current data collection and reporting initiatives and actively seeks opportunities to better understand services provided, to include the use of evidence-based practices, and how they relate to client outcomes, through improved data collection techniques and methods for analyzing data.

III.C Local Priorities and Plans

Based on identification of unmet needs, stakeholder input and internal assessment, identify the top local priorities for the next two years. These might include changes in the array of services, allocation of resources, implementation of new strategies or initiatives, service enhancements, quality improvements, etc.

List at least one but no more than five priorities.

For each priority, briefly describe current activities and achievements and summarize plans for the next two years, including a relevant timeline. If local priorities are addressed in the table above, list the local priority and enter “see above” in the remaining two cells.

Table 15: Local Priorities

Local Priority	Current Status	Plans
Transportation	During this past planning cycle TCBHC has utilized telehealth resources, when appropriate to reduce transportation and wait times for individuals needing a crisis assessment.	<ul style="list-style-type: none"> TCBHC will seek opportunities to utilize technology when possible to reduce transportation and wait times and will continue to seek out new resources and opportunities to address this barrier.
Transitional Housing	<ul style="list-style-type: none"> TCBHC currently has minimal access to resources for step-down and transitional housing for individuals discharging from inpatient hospitalization stays following behavioral health and/or substance use crises. TCBHC continues to discuss this local priority with community stakeholders as a part of planning and collaboration efforts. 	<ul style="list-style-type: none"> TCBHC will continue to seek opportunities for funding transitional and step-down housing.

Local Priority	Current Status	Plans
Community Collaborations	<ul style="list-style-type: none"> • TCBHC continues to participate and hold regular meetings with key stakeholders involved in crisis response, jail diversion, and behavioral health taskforces in our community. • TCBHC continues to build relationships with local school districts in order to collaborate and wrap around children and adolescents at high risk. Piloting of School-based clinics, participation in the Community Resource Coordination Groups (CRCG) and provision of Youth Mental Health First Aid are three such examples. • TCBHC continues to educate the community and stakeholders about the services we provide, the population we serve and the challenges we face as a community and Memorandums of Understanding are coordinated when identified as beneficial to the coordination and continuity of care for those we serve. 	<ul style="list-style-type: none"> • TCBHC will continue to collaborate with hospitals, court staff, and law enforcement to reduce the burden on local law enforcement agencies and emergency departments and to provide individuals in crisis appropriate levels of care in the shortest amount of time possible. • TCBHC will continue to provide opportunities for collaboration and education to the community to enhance knowledge about behavioral health, how to access services, and who might be appropriate for services. • TCBHC will continue to seek ways to share information through appropriate channels and with valid consent, or allowances in privacy regulations, in order to continue to develop and strengthen our ability to provide quality care coordination to those we serve.

<p>Diverting individuals with mental illness from ERs and Jails</p>	<ul style="list-style-type: none"> • The Mobile Crisis Outreach Team (MCOT) service is capable of being provided throughout the local service area 24 hours a day, seven days a week and at least one MCOT staff is on duty during peak crisis hours, at least 56 hours a week to respond to crisis calls as required for rural funded systems of care. • Crisis services are available at the Psychiatric Emergency Treatment Center (PETC) along with a contract officer. The presence of the contract officer onsite allows officers transporting individuals to the PETC on detention warrants to transfer the individual into the custody of the officer onsite and return to duty more quickly, aligning with Intercept 1 of the Substance Abuse and Mental Health Services Administration (SAMHSA) Sequential Intercept Model. • Maintaining crisis response after hours and 24/7 crisis assessment services that were previously funded through SAMHSA grant funding and now are supported through local ARPA funding. • TCBHC has a staff member at the Montgomery County Jail to serve as a liaison between TCBHC and the Jail and to assess individuals suspected of having a mental health diagnosis and/or needing treatment. • TCBHC, through partnerships with various Law Enforcement agencies, is able to provide response from a specialized Officer/Clinician paired team in Montgomery County. This team has 	<ul style="list-style-type: none"> • In June of 2024, Tri-County hosted a local Sequential Intercept Model mapping event, led by HHSC, for Montgomery and Walker Counties. The team of law enforcement, court officials, Montgomery and Walker County jail representatives, leaders in probation and parole divisions, and several family advocates engaged in discussion of data, processes, and participated on panels for each intercept. Both counties completed a SIM map and identified 3 key areas of opportunity to focus on: <ul style="list-style-type: none"> • Plan for a regional diversion center; • Expand training and specialized responses; • Expand and enhance jail mental health and substance use treatment services. • Tri-County Behavioral Healthcare (TCBHC) will continue to monitor diversion efforts over the next planning cycle through continued collaboration with key stakeholders and by seeking new and innovative ways to review and capture data which can assist with tracking progress as well as planning to expand funding for successful diversion efforts as indicated. • TCBHC will continue to seek opportunities to expand Jail Liaisons and CIRT teams to additional counties. • TCBHC will seek opportunities to utilize technology when possible to reduce transportation and wait times.
---	---	---

Local Priority	Current Status	Plans
	had positive outcomes responding to situations that were not previously accessible due to safety concerns.	
Child and Youth Clinic, Magnolia	<ul style="list-style-type: none"> Additional Child and Youth clinic is needed in Magnolia, Texas to ensure access for kids in western Montgomery County. 	<ul style="list-style-type: none"> Clinic would be built on a model design used at the Porter, Texas Child and Youth Clinic in eastern Montgomery County.

IV.D System Development and Identification of New Priorities

Developing the local plans should include a process to identify local priorities and needs and the resources required for implementation. The priorities should reflect the input of key stakeholders involved in development of the Psychiatric Emergency Plan as well as the broader community. This builds on the ongoing communication and collaboration LMHAs and LBHAs have with local stakeholders. The primary purpose is to support local planning, collaboration, and resource development. The information provides a clear picture of needs across the state and support planning at the state level.

Use the table below to identify the local service area’s priorities for use of any new funding should it become available in the future. Do not include planned services and projects that have an identified source of funding. Consider regional needs and potential use of robust transportation and alternatives to hospital care. Examples of alternatives to hospital care include residential facilities for people not restorable, outpatient commitments, and other people needing long-term care, including people who are geriatric mental health needs. Also consider services needed to improve community tenure and avoid hospitalization.

Provide as much detail as practical for long-term planning and:

- Assign a priority level of 1, 2, or 3 to each item, with 1 being the highest priority.
- Identify the general need.
- Describe how the resources would be used—what items or components would be funded, including estimated quantity when applicable.

- Estimate the funding needed, listing the key components and costs (for recurring or ongoing costs, such as staffing, state the annual cost).

Table 16: Priorities for New Funding

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Additional Child and Youth Clinic: City of Magnolia	Due to extensive and rapid growth in Montgomery County, there is a need to expand Child and Youth Services to the West side of the County in Magnolia.	\$1,000,000 per year	Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.
1	Diversion Center	Tri-County hosted a local Sequential Intercept Model (SIM) mapping event, led by HHSC, on June 12 – 13, 2024. During this planning session the group of over 65 stakeholders looked at intersections where criminal justice and mental health overlap, and identified an opportunity to improve or expand services that would divert people from the criminal justice system and into more appropriate behavioral health services through the opening of a Diversion/Sobering Center.	Cost TBD	A goal has been established through the 2024 SIM Mapping event for continued planning with community stakeholders to address identified goals, of which a Diversion Center is one such priority.

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
1	Detox Beds	Stakeholders continue to identify the need for inpatient substance use disorder treatment in our area, TCBHC would like to Purchase Inpatient Detox beds from a provider in Harris County.	\$700 per day *700 bed days - \$490,000 annually	Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.
2	Step-Down Housing	Discussions with stakeholders including community partners and family members continue to emphasize the importance of affordable and stable housing. Recognizing the risk of homelessness to individuals with housing instability following crisis hospitalizations, TCBHC would seek to develop or contract post hospitalization residential settings to assist individuals transitioning from significant crisis events back into the community with a goal of engagement into ongoing routine outpatient services and reduction of hospital recidivism.	<ul style="list-style-type: none"> • Cost per month to contract: \$1,000 – \$2,500 per month per individual. Startup costs vary greatly based on whether you are buying or renting a home. Overall cost of operations for a 4-person home would be approximately \$30,000 a month. 	Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.

Priority	Need	Brief description of how resources would be used	Estimated cost	Collaboration with community stakeholders
2	Mental Health Deputy Expansion for Walker and Liberty Counties	<p>Funding local law enforcement for the purpose of establishing additional mental health deputy programs would decrease the strain on the rest of the department and provide improved direction and decision making related to individuals who may be better served by diverting from jails and local emergency rooms directly into LMHA crisis or outpatient services. Currently there are several mental health deputies funded by Montgomery County and TCBHC would like to expand this resource in our rural counties with the addition of two more mental health deputies for each county, for a total of four.</p> <p>Individuals served and family members continue to express the importance of having law enforcement trained to respond to individuals who may be experiencing a mental health crisis.</p>	\$400,000 annually	<p>Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.</p>
3	Jail Liaison Expansion	<p>Stakeholders continue to express the importance of having someone who is trained and understands mental illness involved in continuity of care and assessment at the jails. Should funding be available, TCBHC would seek to identify two additional licensed clinicians to provide assessment, education, and transition assistance at two additional county jails within our catchment area.</p>	\$196,000 annually	<p>Discussions continue to take place with stakeholders whenever possible. These include, but are not limited to: PNAC; Local Community partners; Community Center System.</p>

Appendix A: Definitions

Admission criteria – Admission into services is determined by the person’s level of care as determined by the TRR Assessment found [here](#) for adults or [here](#) for children and adolescents. The TRR assessment tool is comprised of several modules used in the behavioral health system to support care planning and level of care decision making. High scores on the TRR Assessment module, such as items of Risk Behavior (Suicide Risk and Danger to Others) or Life Domain Functioning and Behavior Health Needs (Cognition), trigger a score that indicates the need for crisis services.

Community Based Crisis Program (CBCP) - Provide immediate access to assessment, triage, and a continuum of stabilizing treatment for people with behavioral health crisis. CBCP projects include contracted psychiatric beds within a licensed hospital, EOUs, CSUs, s, crisis residential units and crisis respite units and are staffed by medical personnel, mental health professionals, or both that provide care 24/7. CBCPs may be co-located within a licensed hospital or CSU or be within proximity to a licensed hospital. The array of projects available in a service area is based on the local needs and characteristics of the community and is dependent upon LMHA or LBHA funding.

Community Mental Health Hospitals (CMHH), Contracted Psychiatric Beds (CPB) and Private Psychiatric Beds (PPBs) – Hospital services staffed with medical and nursing professionals who provide 24/7 professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Staff provides intensive interventions designed to relieve acute symptomatology and restore the person’s ability to function in a less restrictive setting.

Crisis hotline – A 24/7 telephone service that provides information, support, referrals, screening, and intervention. The hotline serves as the first point of contact for mental health crisis in the community, providing confidential telephone triage to determine the immediate level of need and to mobilize emergency services if necessary. The hotline facilitates referrals to 911, MCOT or other crisis services.

Crisis residential units (CRU) – Provide community-based residential crisis treatment to people with a moderate to mild risk of harm to self or others, who may have fairly severe functional impairment, and whose symptoms

cannot be stabilized in a less intensive setting. Crisis residential units are not authorized to accept people on involuntary status.

Crisis respite units – Provide community-based residential crisis treatment for people who have low risk of harm to self or others, and who may have some functional impairment. Services may occur over a brief period of time, such as two hours, and generally serve people with housing challenges or assist caretakers who need short-term housing or supervision for the person they care for to avoid mental health crisis. Crisis respite units are not authorized to accept people on involuntary status.

Crisis services – Immediate and short-term interventions provided in the community that are designed to address mental health and behavioral health crisis and reduce the need for more intensive or restrictive interventions.

Crisis stabilization unit (CSU) – The only licensed facilities on the crisis continuum and may accept people on emergency detention or orders of protective custody. CSUs offer the most intensive mental health services on the crisis facility continuum by providing short-term crisis treatment to reduce acute symptoms of mental illness in people with a high to moderate risk of harm to self or others.

Diversion centers - Provide a physical location to divert people at-risk of arrest, or who would otherwise be arrested without the presence of a jail diversion center and connects them to community-based services and supports.

Extended observation unit (EOU) – Provide up to 48-hours of emergency services to people experiencing a mental health crisis who may pose a high to moderate risk of harm to self or others. EOUs may accept people on emergency detention.

Jail-based competency restoration (JBCR) - Competency restoration conducted in a county jail setting provided in a designated space separate from the space used for the general population of the county jail with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

Mental health deputy (MHD) - Law enforcement officers with additional specialized training in crisis intervention provided by the Texas Commission on Law Enforcement.

Mobile crisis outreach team (MCOT) – A clinically staffed mobile treatment teams that provide 24/7, prompt face-to-face crisis assessment, crisis intervention services, crisis follow-up and relapse prevention services for people in the community.

Outpatient competency restoration (OCR) - A community-based program with the specific objective of attaining restoration to competency pursuant to Texas Code of Criminal Procedure Chapter 46B.

Appendix B: Acronyms

CBCP	Community Based Crisis Programs
CLSP	Consolidated Local Service Plan
CMHH	Community Mental Health Hospital
CPB	Contracted Psychiatric Beds
CRU	Crisis Residential Unit
CSU	Crisis Stabilization Unit
EOU	Extended Observation Units
HHSC	Health and Human Services Commission
IDD	Intellectual or Developmental Disability
JBCR	Jail Based Competency Restoration
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
MCOT	Mobile Crisis Outreach Team
MHD	Mental Health Deputy
OCR	Outpatient Competency Restoration
PESC	Psychiatric Emergency Service Center
PPB	Private Psychiatric Beds
SBHCC	Statewide Behavioral Health Coordinating Council
SIM	Sequential Intercept Model

Agenda Item: Appoint New Mental Health Planning Network Advisory Committee Member

Board Meeting Date

December 5, 2024

Committee: Program

Background Information:

The Texas Health and Human Services contract requires that the Planning Network Advisory Committee "...be composed of at least nine members, fifty percent of whom shall be consumers or family members of consumers..." We currently have several MHPNAC vacancies and while we are meeting membership requirements through participation in the Regional PNAC, we are actively working to fill all vacant positions on our local MHPNAC.

Staff is recommending the appointment of the volunteer listed below to the Mental Health Planning Network Advisory Committee:

Michelle Lowe

- Family member
- Community Member

Ms. Michelle Lowe has agreed to serve on the MHPNAC for the remainder of a two-year term which will expire August 31, 2026.

Supporting Documentation:

None

Recommended Action:

Appoint Michelle Lowe as a New Mental Health Planning Network Advisory Committee Member to the Remainder of a Two-Year Term Which Expires August 31, 2026

Agenda Item: Appoint New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member

Board Meeting Date

December 5, 2024

Committee: Program

Background Information:

The Texas Health and Human Services contract requires that the Planning Network Advisory Committee "...be composed of at least nine members, fifty percent of whom shall be consumers or family members of consumers..." We currently have one (1) IDDPNAC opening.

Staff is recommending the appointment of the volunteers listed below to the Intellectual and Developmental Disabilities Planning Network Advisory Committee.

Susan Bulick

- Family Member

Ms. Bulick has agreed to serve on the IDDPNAC for the remainder of a two-year term which will expire August 31, 2026.

Supporting Documentation:

None

Recommended Action:

Appoint Susan Bulick as a New Intellectual and Developmental Disabilities Planning Network Advisory Committee Member to the Remainder of a Two-Year Term Which Expires August 31, 2026

Agenda Item: Community Resources Report

Board Meeting Date:

December 5, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Community Resources Report

Recommended Action:

For Information Only

Community Resources Report

October 25, 2024 – December 5, 2024

Volunteer Hours:

Location	October
Conroe	120.5
Cleveland	4
Liberty	12
Huntsville	4
Total	140.5

COMMUNITY ACTIVITIES

10/25/24	Adult MHFA for Lone Star College Nursing Students	Tomball
10/25/24	Walker County Juvenile Services Staffing	Huntsville
10/25/24	DFPS Placement Providers Meeting - Virtual	Conroe
10/25/24	YCOT Learning Community - Virtual	Conroe
10/25/24	Military Veteran Peer Network Meeting	Conroe
10/26/24	Trunk or Treat Outreach - HEARTS Museum	Huntsville
10/26/24	Community Health Fair Bozman Intermediate	Conroe
10/28/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health	Conroe
10/28/24	Prayers with First Responders	Conroe
10/28/24	Annual New Caney ISD Health and Wellness Fair	New Caney
10/29/24	Camp Valor Veterans Collaboration	Conroe
10/29/24	Mosaics of Mercy Fundraiser Event	Conroe
10/29/24	Sam Houston State University Health Fair - Salvation Army	Conroe
10/29/24	New Caney ISD Health and Wellness Fair	New Caney
10/30/24	Blended Adult MHFA for General Public - (online & in person)	Conroe
10/30/24	Montgomery County Crisis Collaborative/Jail Diversion Task Force Meeting	Conroe
10/30/24	New Waverly Student Health Advisory Committee Meeting	New Waverly
10/30/24	Salvation Army Fall Festival	Conroe
11/2/24	Del Webb Culvers Fundraiser - Veterans	Conroe
11/2/24	Interfaith of The Woodlands Caregivers Conference	The Woodlands
11/5/24	Lone Star College Montgomery Human Services Department - IDD Authority Presentation	The Woodlands
11/5/24	Camp Valor Veterans Collaboration	Conroe
11/5/24	Adult MHFA for General Public - Virtual	Conroe
11/6/24	Montgomery County Child Fatality Review Team	Conroe
11/6/24	Adult Mental Health Presentation to Adult Protective Services	Conroe
11/6/24	Montgomery County Child Crisis Collaborative	Conroe
11/7/24	Youth MHFA Conroe ISD	The Woodlands
11/8/24	Blended Youth MHFA Liberty ISD (online & in person)	Liberty

11/9/24	Youth MHFA for General Public - Virtual	Conroe
11/9/24	Out of the Darkness Walk	The Woodlands
11/10/24	Lord of Life Lutheran Church Ice Cream Social Veterans Fundraiser	Conroe
11/11/24	Cleveland High School M-COPE Drug Awareness Presentation	Cleveland
11/11/24	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity/Special Needs Workgroup	Conroe
11/11/24	Angel Reach Crisis Counseling Presentation	Conroe
11/12/24	AS+K (Ask About Suicide) Training for Montgomery County Womens' Center	Conroe
11/12/24	Family & Community Coalition of East Texas	Conroe
11/12/24	Montgomery County Sexual Assault Response Team Meeting	Conroe
11/12/24	Camp Valor Veterans Collaboration	Conroe
11/12/24	Walker County Child Crisis Collaborative	Huntsville
11/12/24	Huntsville ISD Student Health Advisory Committee	Huntsville
11/12/24	Walker County Community Resource Coordination Group	Huntsville
11/14/24	Adult MHFA Montgomery County Public Health	Conroe
11/14/24	Counseling on Access to Lethal Means Training	Conroe
11/15/24	Houser Elementary Parent Resource Night	Conroe
11/16/24	The People's Law Resource Fair	The Woodlands
11/19/24	Camp Valor Veterans Collaboration	Conroe
11/19/24	Montgomery County Community Resource Collaboration Group	Conroe
11/20/24	Montgomery County Community Assistance Recovery Efforts and Services	Conroe
11/20/24	New Waverly Student Health Advisory Committee Meeting	New Waverly
11/21/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
11/23/24	Compassion United Resource Fair	Conroe
11/25/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health	Conroe
11/25/24	Law Enforcement Education & Training for Walker County	Huntsville
11/26/24	Camp Valor Veterans Collaboration	Conroe
12/2/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health	Conroe
12/3/24	IDD Awareness Kickoff Luncheon - Robert Canino "The Boys in the Bunkhouse"	Conroe
12/3/24	Camp Valor Veterans Collaboration	Conroe
12/4/24	Adult MHFA for General Public	Splendora
12/4/24	Montgomery County Child Crisis Collaborative	Conroe
12/4/24	Behavioral Health Suicide Prevention Task Force Meeting – Military Subgroup Meeting	Conroe

UPCOMING ACTIVITIES

12/9/24	Youth MHFA ESC Region 6	Huntsville
12/10/24	Walker County Child Crisis Collaborative	Huntsville
12/10/24	Camp Valor Veterans Collaboration	Conroe
12/13/24	Walker County Juvenile Services Staffing	Huntsville
12/17/24	Camp Valor Veterans Collaboration	Conroe
12/17/24	Montgomery County Community Resource Coordination Group	Conroe
12/19/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
12/27/24	Walker County Juvenile Services Staffing	Huntsville
1/10/25	Rusk State Hospital Continuity of Care Meeting - Virtual	Conroe
1/10/25	Blended Youth MHFA Hardin ISD (online & in person)	Hardin
1/13/25	Behavioral Health Suicide Prevention Task Force Meeting – Neurodiversity/Special Needs Workgroup	Conroe
1/14/25	Walker County Child Crisis Collaborative	Huntsville
1/15/25	Youth MHFA ESC Region 4 - Virtual	Conroe
1/16/25	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
1/16/25	MHFA for Veterans and Families	Conroe
1/21/25	Montgomery County Community Resource Coordination Group	Conroe
1/21/25	Behavioral Health Suicide Prevention Task Force - Major Mental Health and First Responders Meeting	Conroe
1/21/25	Huntsville ISD Student Health Advisory Committee	Huntsville
1/23/25	Youth MHFA for ESC Region 6	Huntsville
1/23-1/24/25	Leadership Education in Autism and Neurodevelopmental Disabilities (LEND) Conference	Houston
1/25/25	Moorhead Junior High Wellness Fair	Conroe
1/28/25	Adult MHFA for General Public - Virtual	Conroe
1/29/25	Montgomery County Crisis Collaborative/Jail Diversion Task Force Meeting	Conroe
1/31/25	Walker County Juvenile Services Staffing	Huntsville

Agenda Item: Consumer Services Report for October 2024

Board Meeting Date:

December 5, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Consumer Services Report for October 2024

Recommended Action:

For Information Only

CONSUMER SERVICES REPORT

October 2024

	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
Crisis Services, MH Adults/Children Served								
Crisis Assessments and Interventions	372	40	18	-	-	-		430
Youth Crisis Outreach Team (YCOT)	105	9	7	-	-	-	-	121
Crisis Hotline Served	317	55	53	-	-	-	-	425
Crisis Stabilization Unit	24	5	2	24	-	4	1	31
Crisis Stabilization Unit Bed Days	105	25	6	105	-	16	9	136
Adult Contract Hospital Admissions	47	12	6	47	-	9	3	65
Child and Youth Contract Hospital Admissions	11	1	1	11	0	0	1	13
Total State Hospital Admissions (Civil only)	1	0	0	1	0	0	0	1
Routine Services, MH Adults/Children Served								
Adult Levels of Care (LOC 1-5, EO, TAY)	1068	195	165	1068	-	106	89	1428
Adult Medication	1138	200	209	1138	-	107	93	1547
TCOOMMI (Adult Only)	100	22	7	100	-	6	16	129
Adult Jail Diversions	3	0	0	3	-	0	0	3
Child Levels of Care (LOC 1-5, EO, YC, YES)	688	108	58	461	227	67	41	854
Child Medication	315	37	38	186	129	37	0	390
Multisystemic Therapy (MST)	14	2	0	-	-	-	-	16
School Based Clinics	89	18	35	-	-	-	-	142
Veterans Served								
Veterans Served - Therapy	40	2	2	-	-	-	-	44
Veterans Served - Case Management	37	1	0	-	-	-	-	38
Persons Served by Program, IDD								
Number of New Enrollments for IDD	16	0	2	16	-	0	0	18
Service Coordination	731	73	73	731	-	37	36	877
Individualized Skills and Socialization (ISS)	6	18	18	-	-	3	15	42
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	26	15	17	26	-	6	9	58
Substance Use Services, Adults and Youth Served								
Youth Substance Use Disorder Treatment/COPSD	4	2	0	4	-	2	0	6
Adult Substance Use Disorder Treatment/COPSD	35	0	0	35	-	0	0	35

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	2066	344	239	-	-	-	-	2649
American Rescue Plan Act (ARPA) Funded Therapy								
Expanded Therapy	46	7	0	36	10	3	4	53
After Hours Therapy	149	8	0	131	18	4	4	157
September Served								
Adult Mental Health	1651	313	237	1651	-	180	133	2201
Child Mental Health	948	132	105	659	289	89	43	1185
Intellectual and Developmental Disabilities	881	107	88	881	-	48	59	1076
Total Served	3480	552	430	3191	289	317	235	4462
October Served								
Adult Mental Health	1777	315	282	1777	-	174	141	2374
Child Mental Health	998	150	109	677	321	98	52	1257
Intellectual and Developmental Disabilities	945	114	96	945	-	48	66	1155
Total Served	3720	579	487	3399	321	320	259	4786

Agenda Item: Program Updates

Board Meeting Date:

December 5, 2024

Committee: Program

Background Information:

None

Supporting Documentation:

Program Updates

Recommended Action:

For Information Only

Program Updates

October 25, 2024 – December 5, 2024

Crisis Services

1. The Crisis Stabilization Unit has a functioning Pyxis Medbank unit finally, but we continue to work through some operational details. The CSU has begun accepting involuntary clients again now that we have availability of appropriate medications to manage unexpected behaviors. The CSU daily census for the month of October was just over four but the unit did have several days with census approaching double digits. Length of stay for the month of October was just over six days per admission. Common issues seen with persons admitted to the unit are depression, anxiety, psychosis, substance use and housing instability (including homelessness).
2. Staff continue to seek a candidate for the Director of Nurses as the CSU. In the interim, support is being provided by the Executive Director and the Chief Operating Officer.
3. For the month of October, TCBHC crisis staff, completed 848 services to 468 individuals defined as crisis interventions, crisis triages, and crisis follow up services. Of the 848 services, 40% (336) were provided to youth ages 5 to 17. During the month, 383 full crisis assessments were completed for 337 individuals, 28% (108) of which were for youth from 4 to 17 years of age.
4. Most recently, we have observed a concerning trend upward for youth 11 years old or younger who are presenting for crisis services. In August, 20% (29/148) crisis services were for youth ages 5 through 11. For September, this percentage increased to 23% (67/287) of crisis services were for youth ages 6 to 11. However, in October, that percentage jumped to 28% (94/336) of the crisis services provided to youth from 4 to 11 years of age, with 18 of those for youth 4 to 7 years old.
5. Crisis Intervention Response Teams in Montgomery county experienced a decrease in the number of services provided with a total of 162 services from the four staff who are assigned to either Conroe Police Department, Montgomery County Sheriff's Office (MCSO), or Precinct 1 Mental Health Constables. We have one position with MCSO that has been vacant since July 14 of this year but we continue to actively recruit for the appropriate candidate.
6. The Youth Crisis Outreach Team Plus have had varying levels of success through the month of October. All staff with the Youth Crisis Outreach Team provided 287 crisis services to 121 youth in October, however, only 122 of those services were provided "in-person." The Crisis Response Team delivered 168 of the 287 services with the Youth Crisis Stabilization Team providing 119 services. We have not experienced great success with engaging the area children residential centers but we continue making engagement efforts. The youth who are accessing YCOT services have commonly demonstrated serious behavioral or emotional problems that surpass what is normally experienced with our core crisis service array. Because of this, we are monitoring the risk for secondary trauma with our YCOT staff.
7. We continue to have the same three staff vacancies that include the Team Coordinator for YCOT. We were granted approval by HHSC to lower the licensing requirements for this position from fully licensed LPHA to someone who is within one year of becoming

fully licensed and who is currently receiving licensing supervision. Even with this allowance, we have had zero applicants.

8. The PETC staff are busy planning for the holiday season that includes a potluck Thanksgiving meal for those who are working over the Thanksgiving holiday. They are also coordinating our annual Secret Santa gift exchange, along with more fun-filled shenanigans with the 3rd annual "Elf on the Crisis Shelf" challenge.

MH Adult Services

1. AOP continues to maneuver around a staffing shortage in Conroe. The QMHPs have done a great job of covering vacant caseloads and ensuring clients are being seen. We have also utilized the Peer Support Specialists to supplement services considering the staff shortage. We are focusing on hiring the vacant Coordinator roles, and have started looking outside the agency at applicants who bring experience from external experience.
2. Huntsville remains the busiest rural clinic for adults, linking 27 individuals into outpatient services in the month of October.
3. Rural clinics have seen an increase in crises lately, with a noticeable increase in youth presenting in crisis. The majority are in the Huntsville clinic.
4. Two ACT clients have made big improvements through the use of long-acting injectable medications. The Medical Director works diligently to adjust medication interventions to meet the unique needs of these complex individuals, and we are seeing the improvement.
5. Client Success: One Cleveland client who has been sick with terminal skin cancer has now been linked to home health care services by his case manager, who has been working to get him access to needed medical supports for the last six months.
6. Administrator of Special Projects will be attending the Texas Non-Medical Drivers of Health Consortium Conference to learn about current initiatives in addressing needs of our community that tend to negatively impact mental and medical health.

MH Child and Youth Services

1. We saw an increase in the number of children and youth at our walk-in clinics in October, especially in Huntsville. Our number of completed intakes in Huntsville has doubled from September to October.
2. More of our Child and Youth Mental Health Specialists met or exceeded client care expectations in October than they have in recent years. Additionally, one of our C&Y MH Specialists was recently promoted to "QMHP 2" status. This gives him small pay bump and recognition as a consistently exceeding client care expectations. We now have two QMHP 2's on our team. Not only can these two staff share tips and resources with their peers, but peers can shadow them on the job. This also motivates other team members to exceed client care expectations.
3. As of 10/31/24, our Multisystemic Therapy (MST) Team is serving 15 clients across Montgomery, Walker and Liberty counties. We have five client openings, with all openings spoken for at this time. Since 8/12/2024 we have received a total of 49 referrals.

4. Our MST Team continue to engage stakeholders at multiple levels of the community including the juvenile court and probations departments, school districts and DFPS in each county.

Criminal Justice Services

1. Program managers attended the annual Judicial Commission on Mental Health conference with several local judges and attorneys to learn the latest updates on opportunities for justice-involved people with mental health needs.
2. The Mental Health Treatment Court in Montgomery County had two graduations in October and currently has 12 participants in the program.
3. The Program Manager was able to meet with Liberty jail staff to start coordinating medication coverage to individuals released from the hospital restored to competency.

Substance Use Disorder Services

1. Walk-in numbers have been holding steady over the last few weeks, however we have connected with a DFPS child placement agency in Willis who is reporting high needs in their youth clients.
2. The SUD program is still searching for a Youth specialist to serve our clients ages 13-17. This has historically been a difficult position to fill, yet is so very important to the community. Currently, the Administrator is covering a small caseload of youth.

IDD Services

1. IDD Authority received notification from HHSC that effective November 1, 2024, the HCS and TxHmL Waiver enrollment due dates will be 90 calendar days from the date of HHSC's slot notification for a person, regardless of living situation (own home/family home or facility) at the time of the person's Waiver offer. An enrollment due date is the date HHSC expects the LIDDA to complete the enrollment process for a person who receives a slot offer. Per HHSC, the LIDDA Handbook, Performance Contract, and trainings will be updated with the new enrollment timeframe at a future date.
2. IDD Authority's PASRR (Pre-Admission Screening & Resident Review) team has experienced an unusual amount of Nursing Facility (NF) Changes in Ownership (CHOW) this year, with three (3) notifications in August and September. When a CHOW happens, a new PASRR Evaluation (PE) is required in addition to a series of other meetings and processes, making this a significant and lengthy process that is required to be within 24 hours of receiving the notification. While extensions are available, approval of these requests is limited by HHSC, who require at least eight (8) simultaneous requests for evaluation for the evaluation to be granted.
3. HCS Provider Services received notification on November 1st of a Medicaid Audit for time period August 1, 2023 through October 31, 2023 involving eight individuals. Seven of the eight are in twenty four hour services, with one involved with Electronic Visit Verification. We were provided two weeks to compile and submit documents in a very detailed method and there are a lot. This audit spans Anasazi and the new role out of SmartCare. In quick review spotted three services that may be a payback due to wrong code used. Results of audit not available at this time.

4. HCS Provider Services participated in an unscheduled on-site audit in November. Twelve charts were reviewed as well as four death reviews. At the time of exit there were four items identified for correction. Considering that there was no notice, we did very well.
5. HCS Provider Services received notification on November 13th from TMHP that they would be on site starting November 14th visiting all of our homes in Huntsville. Additional emails and lists started coming in expanding to over thirty five homes and more to come. When we initially set up all of our Host Homes and group homes within TMHP in July as required, they were to arrive within 30 to 60 days to visit each home, but they appear to be running behind. This new TMHP process really confused families as some of them experience two different auditors coming to their home.
6. IDD Provider Services has filled both vacant house positions within one home as of October 21st. The Huntsville program manager and the Registered Nurse are working together to ensure continuity of care for the individuals served.
7. IDD Provider Services has approximately five to six individuals enrolling into our program. While this is a good thing it brings a lot of paperwork and training to complete within short period of time. Example we have three scheduled to enroll on Sunday, December 1st that will require nursing staff to be at the homes on day of enrollment conducting Comprehensive Nursing Assessments and training new providers.
8. Two individuals enrolled within our HCS program had their Medicaid reinstated. One individual was retroactive to the date of loss and the second individual has a six month gap due to three thousand dollar life insurance policy that was discovered when reapplying.

Support Services

1. Quality Management (QM):

- a. Staff participated in the Superior Health Plan clinical audit held on November 6, 2024 where four charts were reviewed for rule compliance and quality care. While results were primarily positive, one chart did score under 90% which resulted in a follow up audit being scheduled for April 2025.
- b. The Quality Management Department, in coordination with the Chief Operating Officer and Project Director, are participating in comprehensive review of the MH Performance Contract and associated rules and guidelines to determine opportunities for quality improvement. As a part of this initiative, recent audit results from our Center and around the State are being reviewed to determine focus areas.
- c. Staff prepared and submitted one record request to Aetna insurance company totaling three charts, for records dating back to January 1, 2024.
- d. In addition to routine and ongoing quality assurance of documentation, staff reviewed 24 progress notes prior to billing to ensure compliance. Additional training and follow-up was provided with staff and supervisors when needed.

2. Utilization Management (UM):

- a. Staff reviewed 10% of all discharges for the month of October.
- b. Staff reviewed all notes that utilized the COPSD modifier for the month of October and provided feedback as needed to program staff.

- c. Staff reviewed 10% of progress notes that utilized the MCOT modifier for the month of October, to ensure continuous quality improvement.

3. Training:

- a. The Clinical Trainer presented to the Human Resource Development Consortia on Creating Effective Computer Based Trainings at the November meeting.
- b. The Mental Health First Aid Outreach Coordinator attended the annual Mental Health First Aid Lone Star Summit on November 19, 2024, where HHSC provided information, education and technical support to MHFA Coordinators across the State.
- c. The Training Department continues to make adjustments to the training schedule as needed to meet departmental needs and remove barriers to onboarding.

4. Veteran Services and Veterans Counseling/Crisis:

- a. The Montgomery County Veterans Treatment court currently has 29 participants. One of the recent graduates will be training to become a mentor himself.
- b. The Veterans program participated in a Veterans Day event for those in the Montgomery County Veterans POD at the jail.
- c. The Veterans team continues to engage community members to fundraise for local veterans in need.

5. Planning and Network Advisory Committee(s) (MH and IDD PNACs):

- a. The MH PNAC met in mid October to review initial feedback from the MH local planning process along with preliminary survey results. In early November, the Committee reviewed the draft LPND plan prior to it being posted on the Center website for the required 30 day period and were provided with the opportunity to make public comment. The Committee is scheduled to review final drafts of the CLSP and LPND plans on December 11, 2024, following review by the Regional PNAC. The MH PNAC is currently processing one potential new member and continues to seek additional membership as opportunities present.
- b. The IDD PNAC is currently processing a potential new member for the one vacant position which will bring the membership up to nine. As a reminder, the Center has been meeting membership requirements through participation in the RPNAC, while seeking an individual to fill this vacancy.

Agenda Item: Annual Corporate Compliance Report

Board Meeting Date

Committee: Program

December 5, 2024

Background Information:

The Corporate Compliance Officer is required by Board Policy to submit quarterly reports on Corporate Compliance activities to the Board of Trustees as well as a year-end Annual Report. The Annual Corporate Compliance Report for FY 2024 is attached.

Supporting Documentation:

FY 2024 Annual Corporate Compliance Report

Recommended Action:

For Information Only

CORPORATE COMPLIANCE ANNUAL REPORT

FY2024



Prepared by: Corporate Compliance Department

Period covered: Sep 1, 2023 - Aug 31, 2024

Overview

At Tri-County Behavioral Healthcare (TCBHC), corporate compliance is a top priority. As part of the Board's policy, the Chief Compliance Officer presents an annual report, highlighting key activities and investigations from the previous fiscal year.



Annual Report

Compliance Program Development and Oversight

The Compliance Department is responsible for taking appropriate steps to design, implement, and/or modify TCBHC's Compliance Program to mitigate the risk of any compliance-related errors or misconduct by TCBHC employees or contractors. This year, in collaboration with the Corporate Compliance Committee, a thorough review of the Corporate Compliance Action Plan (CCAP) was conducted following U.S. Department of Justice guidelines. The outcome: no revisions were required. This allows us to confidently move forward into FY25 with a strong compliance framework that encourages ethical behavior and proactively addresses potential violations.

Training and Education

Compliance is embedded in our culture through comprehensive training programs:

- **New Hires:** All new employees complete three essential trainings—computer-based, face-to-face, and a 90-day compliance refresher.
- **Ongoing Training:** Quarterly newsletters and annual computer-based sessions ensure that all staff and contractors stay updated.
- **Customized Programs:** Additional training is provided as needed to address specific areas or emerging risks.



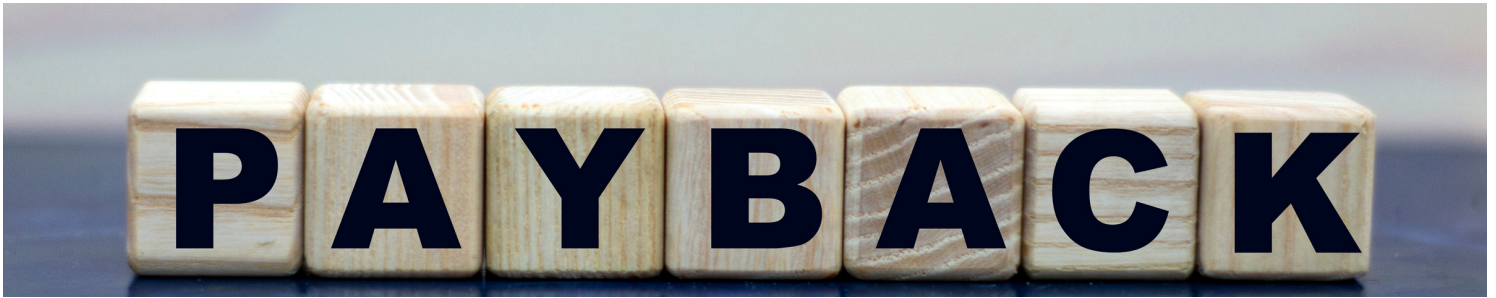
Our training efforts are designed to foster a proactive environment where ethical behavior thrives, and compliance issues are addressed swiftly.



Investigation and Oversight

The Compliance Department receives, investigates, monitors, and provides resolution to all allegations of compliance-related concerns. The Compliance Department reports the outcome of all allegations to the Corporate Compliance Committee, Executive Director, and TCBHC's Board of Directors in order to address compliance issues quickly and transparently.

Investigation Results



Quick Numbers

16

*Corporate Compliance
allegations*

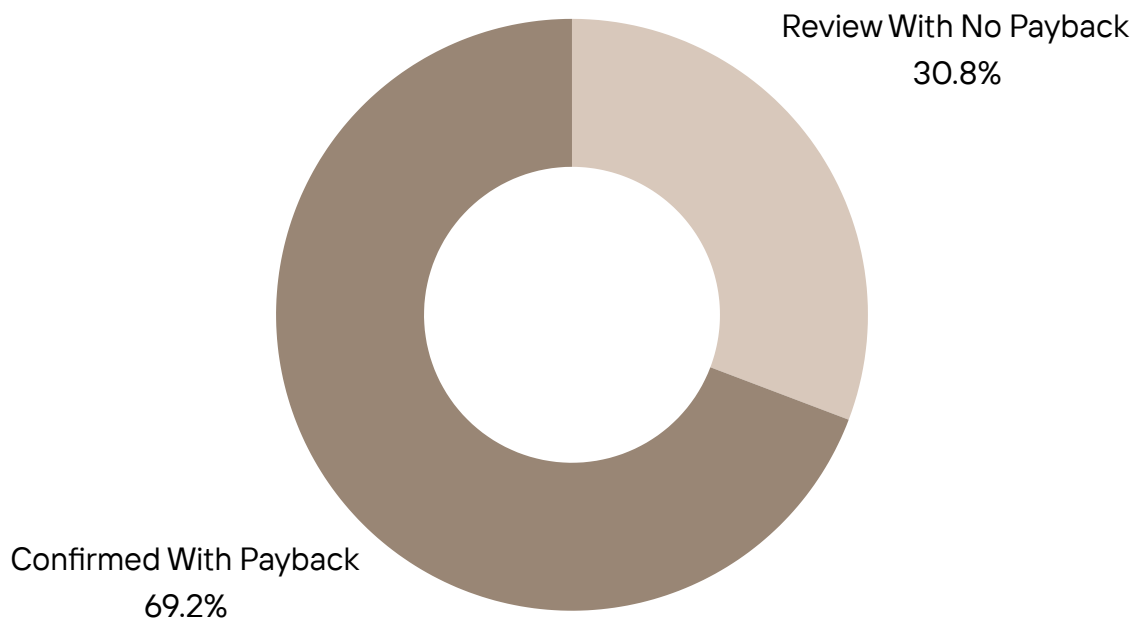
13

*Required further
review/investigation*

9

Confirmed with payback

- Review With No Payback
- Confirmed With Payback



Payback Amounts in Corporate Compliance Investigations

- \$3,037
- \$2,106
- \$863
- \$597
- \$518
- \$479
- \$425
- \$350
- \$192

The payback amounts for this year have predominantly been in the low hundreds, with the highest amount reaching approximately \$3,037. The average payback for FY24 was \$952.

Conclusion

Sustaining Compliance Excellence into FY25

With the Corporate Compliance Action Plan and training programs in place, TCBHC is well-positioned to continue its mission with integrity. Our commitment to rigorous oversight and a proactive approach ensures that we meet the needs of our clients and community, fostering trust and accountability.

Reach Out

For questions, comments, or suggestions, email the Chief of Compliance Officer at amyf@tcbhc.org.

Agenda Item: Personnel Report for October 2024

Board Meeting Date:

December 5, 2024

Committee: Executive

Background Information:

None

Supporting Documentation:

Personnel Report for October 2024

Recommended Action:

For Information Only

Personnel Report

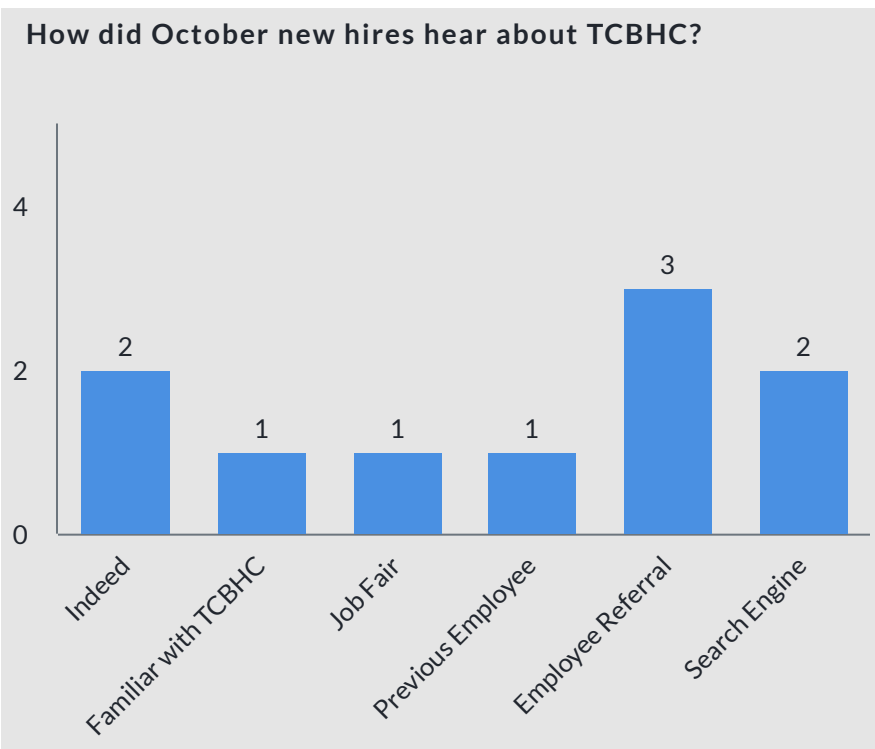
FY25 | October 2024



OVERVIEW

NEW HIRES October 10 POSITIONS YTD 23 POSITIONS	SEPARATIONS October 6 POSITIONS YTD 17 POSITIONS	Vacant Positions 56 Frozen Positions 15	Newly Created Positions 1 Total Budgeted Positions 451
--	---	--	---

RECRUITING



APPLICANTS

October Total Applicants	180
YTD Applicants	397

CURRENT OPENINGS

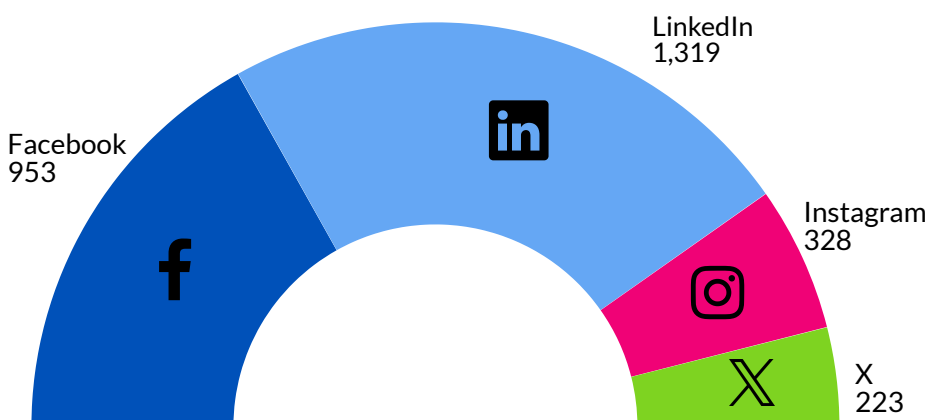
VACANCIES BY LOCATION

CONROE	38
PETC	8
PORTER	3
LIBERTY	3
CLEVELAND	2
HUNTSVILLE	2

RECRUITING EVENTS

University of Houston Career Fair	10/9/2024
Lamar Career Fair	10/17/2024

SOCIAL MEDIA FOLLOWERS



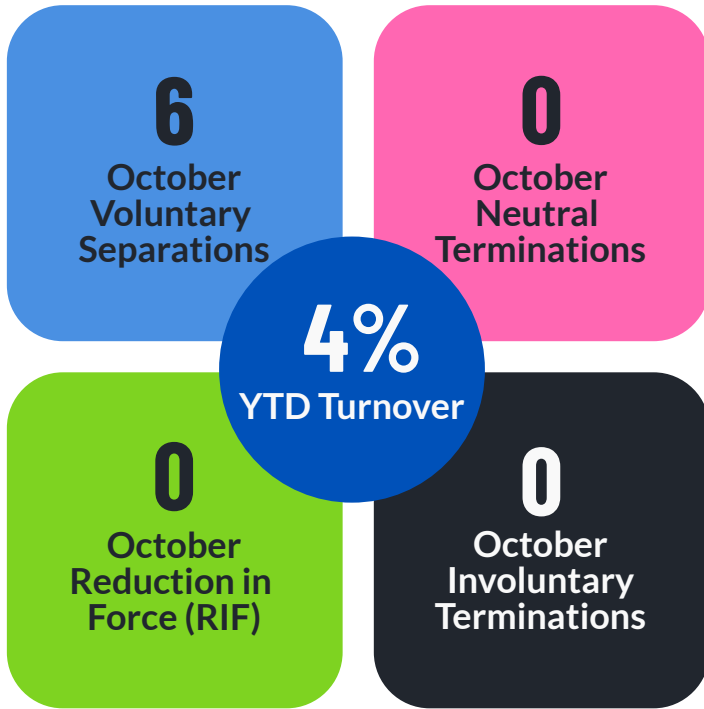
TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	30
Direct Care Provider	7
Supervisors	8
Financial Specialist	2
Administrative Assistant	2

Exit Data

FY25 | October 2024

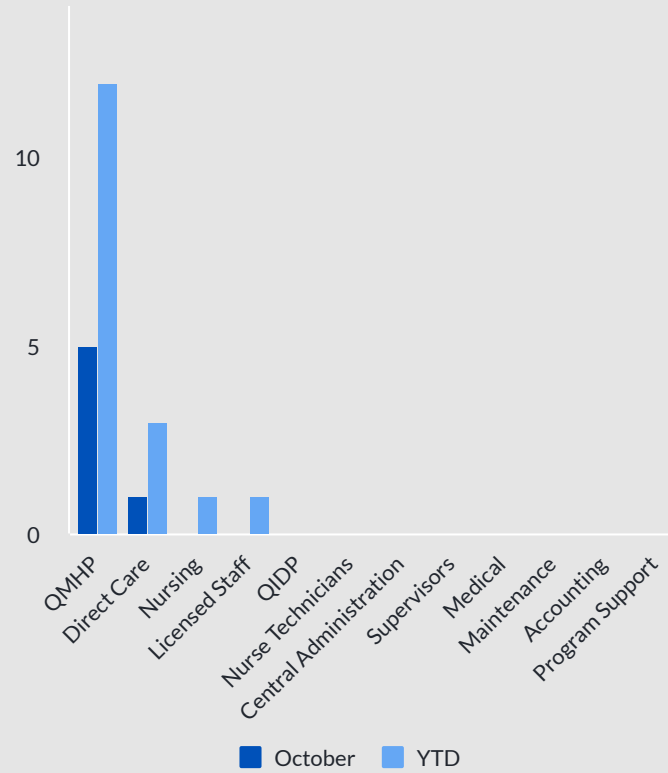
Exit Stats at a Glance



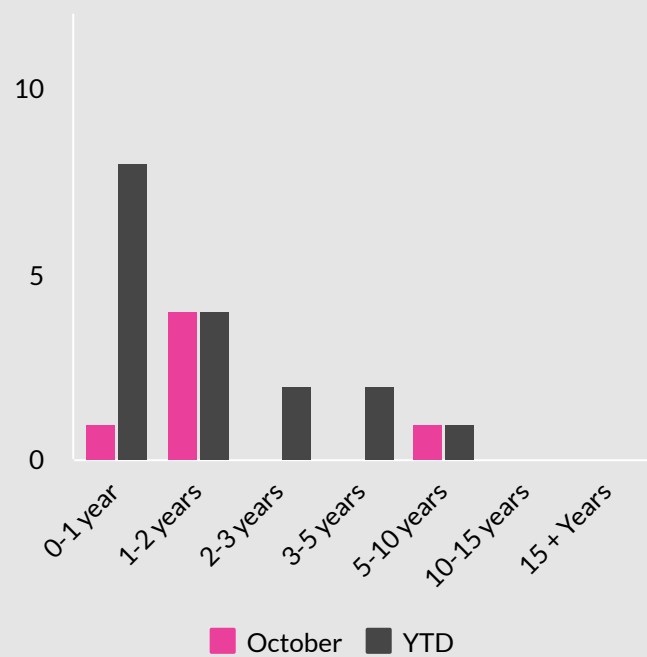
YTD Top Reasons for Separations

- 1 Personal/Family, includes Relocating
- 2 Health
- 3 Another Job
- 4 Immediate Resignation
- 5 Dissatisfaction with Job/Work Environment

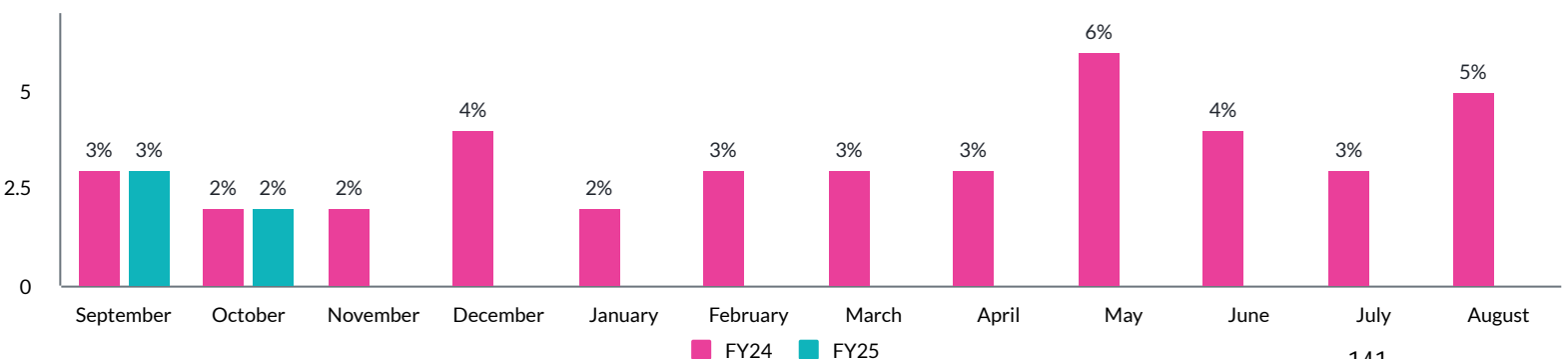
Separations by Category



Separations by Tenure



Turnover Rate by Month



Agenda Item: Texas Council Risk Management Fund Claims Summary as of October 2024

Board Meeting Date:

December 5, 2024

Committee: Executive

Background Information:

None

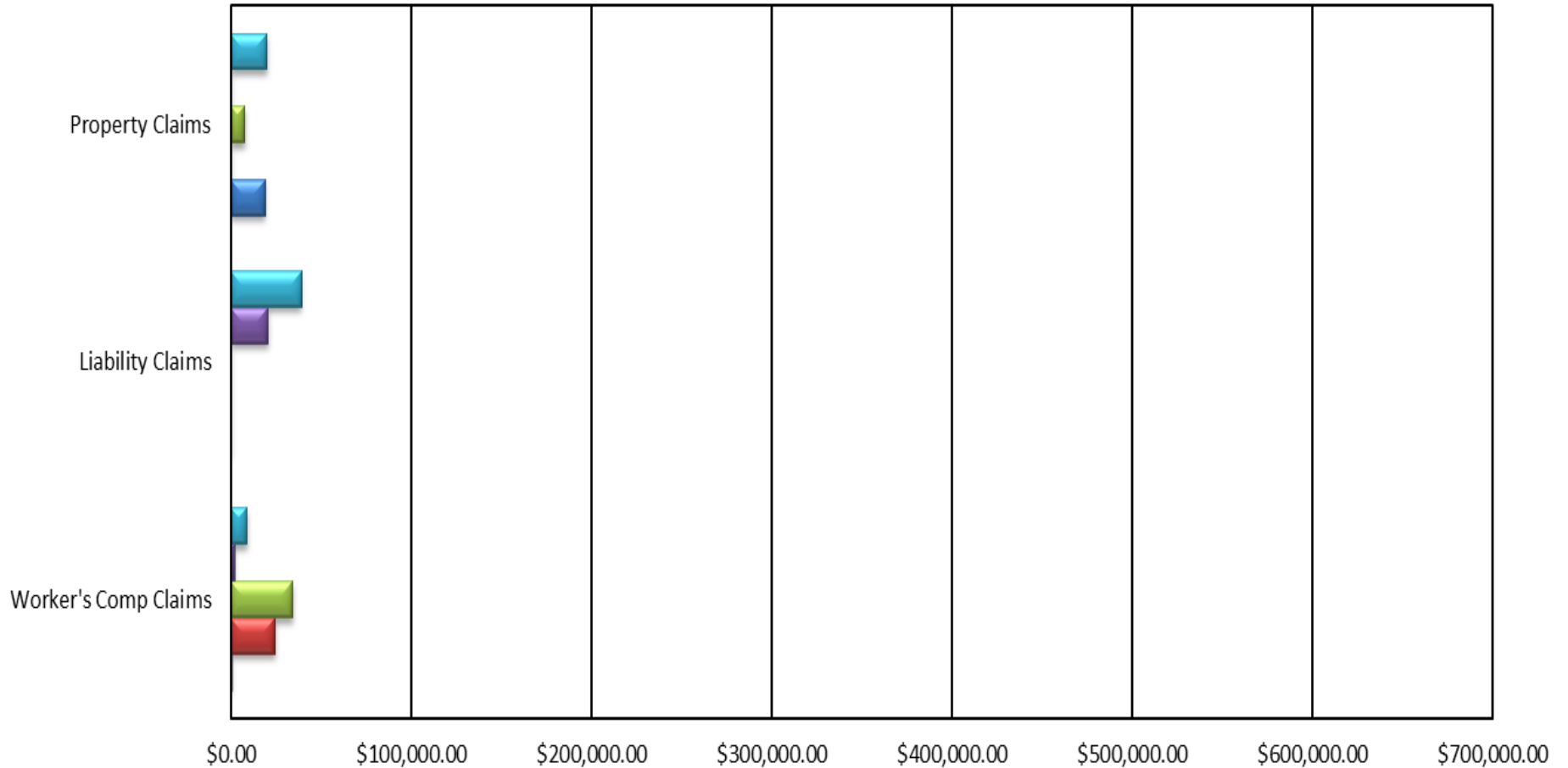
Supporting Documentation:

Texas Council Risk Management Fund Claims Summary as of October 2024

Recommended Action:

For Information Only

TCRMF Claims Summary October 2024



	Worker's Comp Claims	Liability Claims	Property Claims
2021	\$9,040.00	\$39,234.00	\$20,076.00
2022	\$2,215.00	\$20,538.00	\$0.00
2023	\$34,369.00	\$592.00	\$7,743.00
2024	\$24,511.00	\$380.00	\$0.00
2025	\$855.00	\$0.00	\$18,973.00

Agenda Item: Texas Council Quarterly Board Meeting Update

Board Meeting Date

December 5, 2024

Committee: Executive

Background Information:

The Texas Council has requested that Center representatives give updates to Trustees regarding their quarterly Board meeting. A verbal update will be given by Sharon Walker.

Supporting Documentation:

Texas Council Staff Report

Recommended Action:

For Information Only

Agenda Item: Board of Trustees Reappointment and Oath of Office

Board Meeting Date

December 5, 2024

Committee: Executive

Background Information:

Listed below is the Board member who was reappointed by the Commissioner's Court of their respective county for an additional two-year term expiring August 31, 2026.

Reappointments:

- Jacob Paschal, Walker County

Oath of Office will be recited at the Board meeting.

Supporting Documentation:

Walker County Trustees – Copy of Minutes from Walker County Commissioner's Court Meeting dated June 17, 2024.

Oath of Office Recitation.

Recommended Action:

Recite Oaths of Office



**MINUTES for Walker County Commissioners Court
REGULAR SESSION
Monday, June 17, 2024, 9:00 a.m.**



CALL TO ORDER

Be it remembered, Commissioners Court of Walker County was called to order by County Judge, Colt Christian at 9:00 a.m. in Commissioners Courtroom, 1st Floor, 1100 University Avenue, Huntsville Texas.

County Judge	Colt Christian	Present
Precinct 1, Commissioner	Danny Kuykendall	Present
Precinct 2, Commissioner	Ronnie White	Present
Precinct 3, Commissioner	Bill Daugette	Present
Precinct 4, Commissioner	Brandon Decker	Present

County Judge, Colt Christian stated a quorum was present.
County Clerk, Kari French, certified the notice of the meeting was given in accordance with Section 551.001 of the Texas Government Code.

GENERAL ITEMS

Pledge of Allegiance and Texas Pledge were performed.
Prayer was led by Pastor, James Ray Necker.

CONSENT AGENDA

1. Approve minutes from Commissioners Court Regular Session held on June 3, 2024.
2. Approve Disbursement Report for the period of 06/03/2024 – 06/17/2024.
3. Receive financial information as of June 12, 2024 for the fiscal year ending September 30, 2024.
4. Approve claims and invoices submitted for payment.
5. Approve transfer of fixed asset # 11502, iPad, from R&B 1 to R&B 2.
6. Approve transfer of fixed asset # 11898, 2015 Chevrolet Equinox from Sheriff's Office to the Jail.
7. Approve the transfer of fixed asset # 10172, 1992 Motor Grader from Surplus to R&B 1.
8. Approve GLO and HUD reports, GrantWorks/CDBG GLO Hurricane Harvey Grant Contract 20-065-104-C279 for May 2024.
9. Receive Walker County Appraisal District monthly tax collection report for May 2024.
10. Receive Huntsville Fire Department Reports for May 2024.
11. Receive Planning and Development Monthly Report for May 2024.

*Commissioner Kuykendall asked to pull item 1.
Commissioner White asked to pull item 4.
Commissioner Daugette asked to pull item 8.*

MOTION: Made by Commissioner Daugette to APPROVE Consent Agenda with items 1, 4 and 8 pulled for discussion.
SECOND: Made by Commissioner White
VOTE: Motion carried unanimously.

- (1) Approve minutes from Commissioners Court Regular Session held on June 3, 2024.
Commissioner Kuykendall questioned the amount on item 13. There was discussion. Will approve with corrections after Clerk goes to back to verify.

MOTION: Made by Commissioner Kuykendall to APPROVE minutes from Commissioners Court Regular Session held on June 3, 2024.
SECOND: Made by Commissioner Decker.
VOTE: Motion carried unanimously.

- (4) Approve claims and invoices submitted for payment.
Commissioner White had questions on a few items.

MOTION: Made by Commissioner White to APPROVE invoices submitted for payment.
SECOND: Made by Commissioner Kuykendall.
VOTE: Motion carried unanimously.

18. Discuss and take action on the reappointment of Jacob Paschal to the Tri-County Behavioral Healthcare Board of Trustees for a two-year term.
Judge Christian presented information.

MOTION: Made by Judge Christian to APPROVE the reappointment of Jacob Paschal to the Tri-County Behavioral Healthcare Board of Trustees for a two-year term.

SECOND: Made by Commissioner White.

VOTE: Motion carried unanimously.

19. Discuss and take action on accepting surplus materials from Trevway construction in the form of concrete lane barriers for Pct. 3.
Commissioner Daugeette presented information.

MOTION: Made by Commissioner Daugeette to APPROVE as presented.

SECOND: Made by Commissioner Decker.

VOTE: Motion carried unanimously.

20. Discuss and take action on purchase of a single axle dump truck for Pct. 3 from auction or private seller in an amount not to exceed \$50,000.
Commissioner Daugeette presented information.

MOTION: Made by Commissioner Daugeette to APPROVE purchase of a single axle dump truck for Pct. 3 from auction or private seller in an amount not to exceed \$50,000.

SECOND: Made by Commissioner White.

VOTE: Motion carried unanimously.

21. Discuss and take action on obtaining a temporary easement from Anthony and Leann Hildebrandt at the bridge on Roy Webb Rd in Pct. 3 for the purpose of protecting the road and bridge from erosion.
Commissioner Daugeette presented information.

MOTION: Made by Commissioner Daugeette to APPROVE obtaining a temporary easement from Anthony and Leann Hildebrandt at the bridge on Roy Webb Rd in Pct. 3 for the purpose of protecting the road and bridge from erosion.

SECOND: Made by Commissioner White.

VOTE: Motion carried unanimously.

22. Discuss and take action on accepting donation of concrete dividers from the contractor building Highland Bridge located in Pct. 3.

ACTION: PASS at this time.

Planning and Development

23. Public hearing concerning Plat # 2024-007, Replat of Lot(s) 2, 3 and 4, Section 3 of Sam Houston Forest Estates Subdivision, George Robinson Survey, A-454 – Magnolia Drive – Pct. 4.

ACTION: Public Hearing opened at 9:47 a.m.

Andy Isbell presented information.

ACTION: Public Hearing closed at 9:48 a.m.

24. Discuss and take action on Plat # 2024-007, Replat of Lot(s) 2, 3 and 4, Section 3 of Sam Houston Forest Estates Subdivision, George Robinson Survey, A-454 – Magnolia Drive – Pct. 4.
Andy Isbell presented information.

MOTION: Made by Commissioner Decker to APPROVE Plat # 2024-007.

SECOND: Made by Commissioner Daugeette.

VOTE: Motion carried unanimously.

25. Discuss and take action on Ray Twardeski request for variance to Section(s) 4.23 and B4.1 of the Walker County Subdivision Regulations regarding minimum right of way width and lot lines for Plat # 2024-006, Replat of Lot(s) 3A and 4A of the Horace N. Lewis, Jr. 50.54 Acre Tract, William Roark League, A-41 - FM 1696 W – Pct. 1.
Andy Isbell presented information.

MOTION: Made by Commissioner Kuvkendall to APPROVE the Twardeski request for variance to Section(s) 4.23 and B4.1 of the Walker County Subdivision Regulations regarding minimum right of way width and lot lines for Plat # 2024-006. Motion includes that it will not be dedicated.

SECOND: Made by Commissioner White.

VOTE: Motion carried unanimously.

33. Workshop to discuss Section 3.36 of the Walker County Subdivision Regulations regarding TCEQ groundwater certification requirement for subdivision of land in Walker County.

ACTION: Workshop opened at 10:05 a.m.
Andy Isbell presented information. Mike Namken also spoke regarding new changes effective January 1, 2024, with the ground water survey and rules and regulations. There was discussion with the Court.

ACTION: Workshop closed at 10:17 a.m.

ACTION: County Judge, Colt Christian adjourned the meeting at 10:22 a.m.

I, Kari A. French, County Clerk of Walker County, Texas, do hereby certify that these Commissioners Court Minutes are a true and correct record of the proceedings from the Meeting on June 17, 2024.

Kari A. French

Walker County Clerk, Kari A. French



Colt Christian 7/19/24
Walker County Judge, Colt Christian

Date Minutes Approved by Commissioners Court

FILED FOR RECORD

At 9:05 o'clock AM

JUL 01 2024

KARI FRENCH, COUNTY CLERK
WALKER COUNTY, TEXAS

By *K. French* Deputy

ADMINISTERING THE OATH OF OFFICE

Please raise your right hand and repeat after me...

I, STATE YOUR NAME,

do solemnly swear that I will faithfully execute the duties of the office of
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such
goods or services, for this Center,

so help me God.

ADMINISTERING THE OATH OF OFFICE

I, _____,

do solemnly swear that I will faithfully execute the duties of the office of
Trustee of Tri-County Behavioral Healthcare,

and will, to the best of my ability preserve, protect, and defend the
Constitution and laws of the United States and of this State,

and I furthermore solemnly swear that I have not directly nor indirectly,
paid, offered, or promised to pay,

contributed, nor promised to contribute any money, or valuable thing,

or promised any public office or employment, as a reward for the giving or
withholding a vote to secure my appointment,

and further affirm that I, nor any company, association, or corporation
of which I am an officer or principal,

will act as supplier of services or goods, nor bid or negotiate to supply such
goods or services, for this Center,

so help me God.

Agenda Item: Approve October 2024 Financial Statements

Board Meeting Date

December 5, 2024

Committee: Business

Background Information:

None

Supporting Documentation:

October 2024 Financial Statements

Recommended Action:

Approve October 2024 Financial Statements

October 2024 Financial Summary

Revenues for October 2024 were \$3,656,101 and operating expenses were \$3,503,465 resulting in a gain in operations of \$152,636. Capital Expenditures and Extraordinary Expenses for October were \$139,594 resulting in a gain of \$13,042. Total revenues were 99.05% of the monthly budgeted revenues and total expenses were 100.14% of the monthly budgeted expenses (difference of -1.10%).

Year to date revenues are \$7,283,551 and operating expenses are \$6,973,793 leaving excess operating revenues of \$309,758. YTD Capital Expenditures and Extraordinary Expenses are \$293,428 resulting in a gain YTD of \$16,330. Total revenues are 97.63% of the YTD budgeted revenues and total expenses are 97.74% of the YTD budgeted expenses (difference of -.11%).

REVENUES

YTD Revenue Items that are below the budget by more than \$10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	\$ Variance
Title XIX Case Management – MH	76,660	115,281	66.50%	38,621
Title XIX Case Management – IDD	224,823	256,882	87.52%	32,059
Directed Payment Program – DPP	331,894	364,016	91.18%	32,122
Title XIX – Medicaid Regular	79,119	100,771	78.51%	21,651
Title XIX – Rehab	312,310	340,345	91.76%	28,035

Title XIX Case Management MH and Title XIX Case Management IDD – These lines are two of the earned revenue categories that continue to be below our budgeted amounts for this fiscal year. We continue to have vacancies in some program areas and a lot of new hires in the ramp up phase in other areas. We have seen some improvement in the IDD revenue which for the first two months is 12% higher than same time last year. So, we hope to see this trend continue.

Directed Payment Program (DPP) – This line item is the Directed Payment Program for Behavioral Health Services. The DPP program in the past was made up of two components, but for this fiscal year they have gone to a process of modeling

based on the FY 2023 Services provided for Medicaid enrollment in STAR, STAR+Plus, and STARKIDS and will be variable as they continue to work through the issues created from Medicaid unwinding. This line is going to need to be adjusted in a budget revision coming soon to match their modeling which came out in September after the budget year started.

Medicaid – Regular – This line item is for Medicaid Card (physician and therapy) Services. We continue to have variances in historical trends for all Medicaid lines, some of which is based on the Medicaid unwinding and client’s coverage changes. If we continue to monitor and may have to adjust at the first budget revision.

Title XIX Rehab – This line item is another of our earned revenue lines. This is where we have the most of our staff vacancies that provide direct services to our clients. The variances with the budgeted amounts are less than in past years due to conservative budgeting. But the good news on this line is we also have some improvement of revenue earned for the first two months with an increase of 14% compared to the same time last year.

EXPENSES

YTD Individual line expense items that exceed the YTD budget by more than \$10,000:

Expense Source	YTD Expenses	YTD Budget	% of Budget	\$ Variance
Building Repairs & Maintenance	67,116	37,806	177.53%	29,310

Building Repairs and Maintenance – This line item continues to have variances for A/C repairs at both the PETC and the Conroe facility. The PETC needed blowers and compressors replaced. The Conroe facility also had plumbing repairs and pressure tank replacements. We also had to install a French Drain at the Porter facility due to flooding during the heavy rains this past few months. These were out of the ordinary so hopefully things will calm down for a little bit.

**TRI-COUNTY BEHAVIORAL HEALTHCARE
GENERAL FUND BALANCE SHEET
For the Month Ended October 2024**

ASSETS	GENERAL FUND October 2024	GENERAL FUND September 2024	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,412	2,485	(73)
Cash on Deposit - General Fund	11,487,826	12,941,812	(1,453,986)
Accounts Receivable	5,337,396	5,193,050	144,346
Inventory	613	759	(146)
TOTAL CURRENT ASSETS	16,828,247	18,138,106	(1,309,859)
FIXED ASSETS	23,982,540	23,982,540	-
OTHER ASSETS	221,945	262,924	(40,979)
TOTAL ASSETS	\$ 41,032,732	\$ 42,383,570	\$ (1,350,838)
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,720,577	1,484,530	236,047
NOTES PAYABLE	785,852	785,852	-
DEFERRED REVENUE	7,590,362	8,992,105	(1,401,743)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,049,000	9,095,198	(46,198)
Guaranty Bank & Trust Loan	1,650,402	1,656,440	(6,038)
First Financial Huntsville Land Loan	783,344	787,792	(4,448)
Lease Liability	352,281	352,281	-
SBITA Liability	1,308,818	1,308,818	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	16,330	3,288	13,043
Debt Service Fund			
Capital Projects Fund			
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(11,835,027)	(11,891,712)	56,685
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	22,673,722	22,673,722	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	2,500,000	2,500,000	-
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	86,332	80,166	6,166
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(785,852)	(785,852)	-
UNASSIGNED			
Unrestricted and Undesignated	2,145,793	2,350,144	(204,351)
TOTAL LIABILITIES/FUND BALANCE	\$ 41,032,732	\$ 42,383,570	\$ (1,350,840)

**TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended October 2024**

ASSETS	General Operating Fund	Debt Fund	Service Fund	Capital Projects Fund	Government Wide 2024	Memorandum Only Final August 2023
CURRENT ASSETS						
Imprest Cash Funds	2,412				2,412	2,100
Cash on Deposit - General Fund	11,487,826				11,487,826	7,455,394
Bond Reserve 2024			362,027		362,027	
Bond Fund 2024			341,983		341,983	-
Bank of New York - Capital Project Fund				7,030,206	7,030,206	
Accounts Receivable	5,337,396				5,337,396	4,917,356
Inventory	613				613	1,205
TOTAL CURRENT ASSETS	16,828,247		704,010	7,030,206	24,562,463	12,376,055
FIXED ASSETS	23,982,540				23,982,540	24,400,583
OTHER ASSETS	221,945				221,945	223,016
Bond 2024 - Amount to retire bond				11,535,925	11,535,925	
Bond Discount 2024				384,075	384,075	-
Total Assets	\$ 41,032,732	\$ 704,010	\$ 18,950,206	\$ 60,686,947	\$ 36,999,654	
LIABILITIES, DEFERRED REVENUE, FUND BALANCES						
CURRENT LIABILITIES	1,720,577				1,720,577	2,165,154
BOND LIABILITIES				11,920,000	11,920,000	
NOTES PAYABLE	785,852				785,852	802,466
DEFERRED REVENUE	7,590,362				7,590,362	407,578
LONG-TERM LIABILITIES FOR						
First Financial Conroe Building Loan	9,049,000				9,049,000	9,679,420
Guaranty Bank & Trust Loan	1,650,402				1,650,402	1,732,496
First Financial Huntsville Land Loan	783,344				783,344	828,926
Lease Liability	352,281				352,281	352,281
SBITA Liability	1,308,818				1,308,818	1,308,818
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR						
General Fund	16,330				16,330	129,506
Debt Service Fund					-	
Capital Projects Fund					-	
FUND EQUITY						
RESTRICTED						
Net Assets Reserved for Debt Service - Restricted	(11,835,027)				(11,835,027)	(12,593,123)
Reserved for Debt Retirement	-				-	-
COMMITTED						
Net Assets - Property and Equipment - Committed	22,673,722				22,673,722	23,091,764
Reserved for Vehicles & Equipment Replacement	613,712				613,712	613,712
Reserved for Facility Improvement & Acquisitions	2,500,000				2,500,000	2,500,000
Reserved for Board Initiatives	1,500,000				1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677				502,677	502,677
ASSIGNED						
Reserved for Workers' Compensation - Assigned	274,409				274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	86,332				86,332	-
Reserved for Insurance Deductibles - Assigned	100,000				100,000	100,000
Reserved for Accrued Paid Time Off	(785,852)				(785,852)	(802,466)
UNASSIGNED						
Unrestricted and Undesignated	2,145,793	704,010		7,030,206	9,880,009	4,406,035
TOTAL LIABILITIES/FUND BALANCE	\$ 41,032,732	\$ 704,010	\$ 18,950,206	\$ 60,686,947	\$ 36,999,654	

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended October 2024
and Year To Date as of October 2024

INCOME:	MONTH OF October 2024	YTD October 2024
	<u> </u>	<u> </u>
Local Revenue Sources	80,268	194,954
Earned Income	2,062,735	3,986,514
General Revenue - Contract	1,513,098	3,102,083
TOTAL INCOME	<u>\$ 3,656,101</u>	<u>\$ 7,283,551</u>
EXPENSES:		
Salaries	2,015,852	4,035,155
Employee Benefits	383,586	770,595
Medication Expense	44,670	92,354
Travel - Board/Staff	43,283	75,223
Building Rent/Maintenance	55,920	74,727
Consultants/Contracts	705,324	1,436,152
Other Operating Expenses	254,829	489,587
TOTAL EXPENSES	<u>\$ 3,503,465</u>	<u>\$ 6,973,793</u>
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	<u>\$ 152,636</u>	<u>\$ 309,758</u>
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	11,055	36,349
Capital Outlay - Debt Service	128,539	257,079
TOTAL CAPITAL EXPENDITURES	<u>\$ 139,594</u>	<u>\$ 293,428</u>
GRAND TOTAL EXPENDITURES	<u>\$ 3,643,059</u>	<u>\$ 7,267,221</u>
Excess (Deficiency) of Revenues and Expenses	<u>\$ 13,042</u>	<u>\$ 16,330</u>

Debt Service and Fixed Asset Fund:		
Debt Service	128,539	257,079
Excess (Deficiency) of Revenues over Expenses	<u>128,539</u>	<u>257,079</u>

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of October 2024

	YTD October 2024	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	194,954	163,150	31,804
Earned Income	3,986,514	4,158,038	(171,524)
General Revenue	3,102,083	3,139,429	(37,346)
TOTAL INCOME	\$ 7,283,551	\$ 7,460,617	\$ (177,066)
EXPENSES:			
Salaries	4,035,155	4,144,689	(109,534)
Employee Benefits	770,595	751,699	18,896
Medication Expense	92,354	96,372	(4,018)
Travel - Board/Staff	75,223	66,147	9,076
Building Rent/Maintenance	74,727	48,634	26,093
Consultants/Contracts	1,436,152	1,479,994	(43,842)
Other Operating Expenses	489,587	557,401	(67,814)
TOTAL EXPENSES	\$ 6,973,793	\$ 7,144,936	\$ (171,143)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 309,758	\$ 315,681	\$ (5,923)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	36,349	33,334	3,014
Capital Outlay - Debt Service	257,079	257,079	-
TOTAL CAPITAL EXPENDITURES	\$ 293,428	\$ 290,413	\$ 3,014
GRAND TOTAL EXPENDITURES	\$ 7,267,221	\$ 7,435,349	\$ (168,129)
Excess (Deficiency) of Revenues and Expenses	\$ 16,330	\$ 25,268	\$ (8,939)

Debt Service and Fixed Asset Fund:			
Debt Service	257,079	257,079	-
Excess(Deficiency) of Revenues over Expenses	257,079	257,079	-

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended October 2024

INCOME:	MONTH OF October 2024	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	80,268	47,896	32,372
Earned Income	2,062,735	2,119,538	(56,803)
General Revenue-Contract	1,513,098	1,523,906	(10,808)
TOTAL INCOME	\$ 3,656,101	\$ 3,691,340	\$ (35,239)
EXPENSES:			
Salaries	2,015,852	2,055,465	(39,613)
Employee Benefits	383,586	382,871	715
Medication Expense	44,670	48,186	(3,516)
Travel - Board/Staff	43,283	33,606	9,677
Building Rent/Maintenance	55,920	24,317	31,603
Consultants/Contracts	705,324	706,082	(758)
Other Operating Expenses	254,829	242,069	12,760
TOTAL EXPENSES	\$ 3,503,465	\$ 3,492,596	\$ 10,868
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 152,636	\$ 198,744	\$ (46,107)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	11,055	16,667	(5,613)
Capital Outlay - Debt Service	128,539	128,539	-
TOTAL CAPITAL EXPENDITURES	\$ 139,594	\$ 145,206	\$ (5,613)
GRAND TOTAL EXPENDITURES	\$ 3,643,059	\$ 3,637,802	\$ 5,257
Excess (Deficiency) of Revenues and Expenses	\$ 13,042	\$ 53,536	\$ (40,494)

Debt Service and Fixed Asset Fund:			
Debt Service	128,539	128,539	-
Excess (Deficiency) of Revenues over Expenses	128,539	128,539	-

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD October 2023 Comparative Data
Year to Date as of October 2024

INCOME:	YTD October 2024	YTD October 2023	Increase (Decrease)
Local Revenue Sources	194,954	310,833	(115,879)
Earned Income	3,986,514	4,353,059	(366,545)
General Revenue-Contract	3,102,083	3,479,032	(376,949)
TOTAL INCOME	\$ 7,283,551	\$ 8,142,924	\$ (859,373)
EXPENSES:			
Salaries	4,035,155	4,566,395	(531,240)
Employee Benefits	770,595	803,968	(33,373)
Medication Expense	92,354	94,783	(2,429)
Travel - Board/Staff	75,223	74,113	1,110
Building Rent/Maintenance	74,727	54,166	20,561
Consultants/Contracts	1,436,152	1,703,877	(267,725)
Other Operating Expenses	489,587	575,639	(86,052)
TOTAL EXPENSES	\$ 6,973,793	\$ 7,872,941	\$ (899,148)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 309,758	\$ 269,983	\$ 39,775
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	36,349	145,115	(108,766)
Capital Outlay - Debt Service	257,079	174,063	83,016
TOTAL CAPITAL EXPENDITURES	\$ 293,428	\$ 319,178	\$ (25,750)
GRAND TOTAL EXPENDITURES	\$ 7,267,221	\$ 8,192,119	\$ (924,898)
Excess (Deficiency) of Revenues and Expenses	\$ 16,330	\$ (49,195)	\$ 65,525

Debt Service and Fixed Asset Fund:			
Debt Service	257,079	174,063	83,016
Excess (Deficiency) of Revenues over Expenses	257,079	174,063	83,016

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With October 2023 Comparative Data
For the Month ending October 2024

INCOME:	MONTH OF October 2024	MONTH OF October 2023	Increase (Decrease)
Local Revenue Sources	80,268	193,675	(113,407)
Earned Income	2,062,735	1,976,970	85,765
General Revenue-Contract	1,513,098	1,645,375	(132,277)
TOTAL INCOME	\$ 3,656,101	\$ 3,816,020	\$ (159,919)
Salaries	2,015,852	2,067,252	(51,400)
Employee Benefits	383,586	379,293	4,293
Medication Expense	44,670	50,308	(5,638)
Travel - Board/Staff	43,283	39,465	3,818
Building Rent/Maintenance	55,920	27,016	28,904
Consultants/Contracts	705,324	866,078	(160,754)
Other Operating Expenses	254,829	254,622	207
TOTAL EXPENSES	\$ 3,503,465	\$ 3,684,033	\$ (180,570)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 152,636	\$ 131,987	\$ 20,651
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	11,055	97,417	(86,362)
Capital Outlay - Debt Service	128,539	87,031	41,508
TOTAL CAPITAL EXPENDITURES	\$ 139,594	\$ 184,449	\$ (44,854)
GRAND TOTAL EXPENDITURES	\$ 3,643,059	\$ 3,868,482	\$ (225,423)
Excess (Deficiency) of Revenues and Expenses	\$ 13,042	\$ (52,462)	\$ 65,505

Debt Service and Fixed Asset Fund:			
Debt Service	128,539	87,031	41,508
			-
Excess (Deficiency) of Revenues over Expenses	128,539	87,031	41,508

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With September 2024 Comparative Data
For the Month Ended October 2024

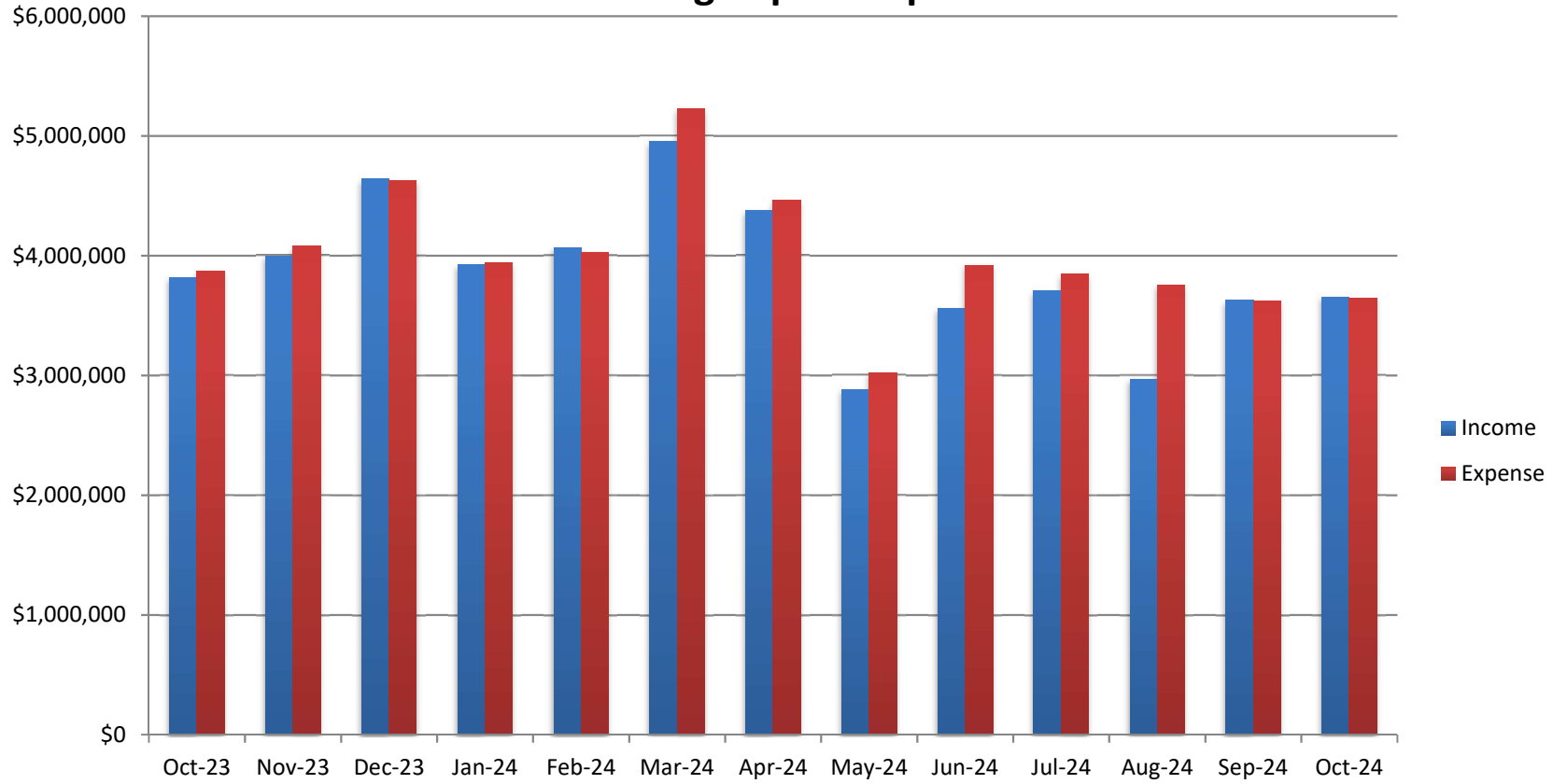
INCOME:	MONTH OF October 2024	MONTH OF September 2024	Increase (Decrease)
Local Revenue Sources	80,268	114,686	(34,418)
Earned Income	2,062,735	1,923,778	138,957
General Revenue-Contract	1,513,098	1,588,986	(75,888)
TOTAL INCOME	\$ 3,656,101	\$ 3,627,450	\$ 28,651
EXPENSES:			
Salaries	2,015,852	2,019,303	(3,451)
Employee Benefits	383,586	387,008	(3,422)
Medication Expense	44,670	47,684	(3,014)
Travel - Board/Staff	43,283	31,941	11,342
Building Rent/Maintenance	55,920	18,807	37,113
Consultants/Contracts	705,324	730,827	(25,503)
Other Operating Expenses	254,829	234,757	20,072
TOTAL EXPENSES	\$ 3,503,465	\$ 3,470,327	\$ 33,137
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	\$ 152,636	\$ 157,123	\$ (4,486)
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	11,055	25,294	(14,239)
Capital Outlay - Debt Service	128,539	128,539	-
TOTAL CAPITAL EXPENDITURES	\$ 139,594	\$ 153,833	\$ (14,239)
GRAND TOTAL EXPENDITURES	\$ 3,643,059	\$ 3,624,160	\$ 18,899
Excess (Deficiency) of Revenues and Expenses	\$ 13,042	\$ 3,288	\$ 9,753

Debt Service and Fixed Asset Fund:			
Debt Service	128,539	128,539	-
Excess (Deficiency) of Revenues over Expenses	128,539	128,539	-

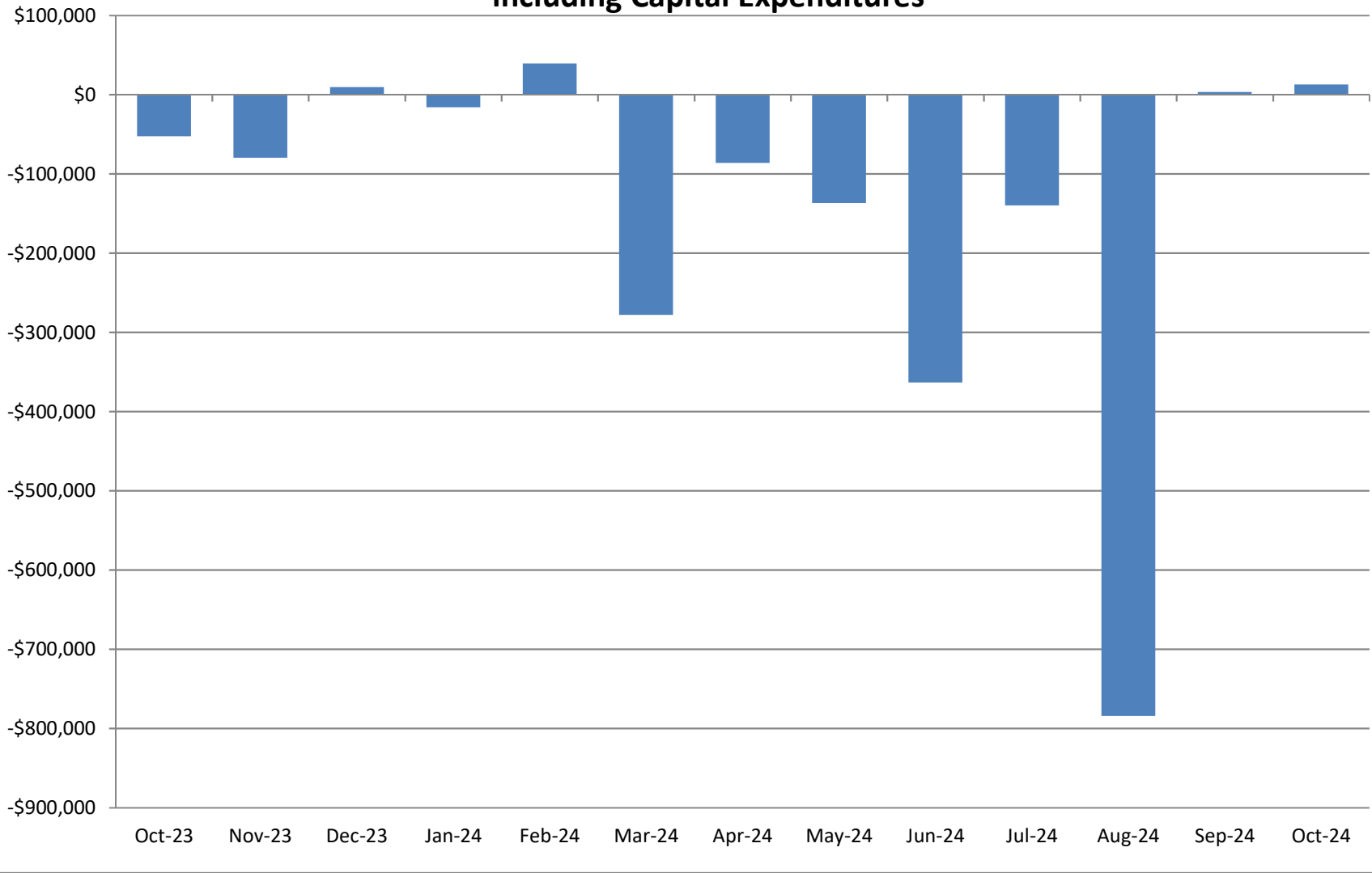
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of October 2024

	YTD Mental Health October 2024	YTD IDD October 2024	YTD Other Services October 2024	YTD Agency Total October 2024	YTD Approved Budget October 2024	Increase (Decrease)
INCOME:						
Local Revenue Sources	221,446	(63,189)	36,697	194,954	163,150	31,804
Earned Income	1,456,715	811,416	1,718,383	3,986,514	4,158,038	(171,524)
General Revenue-Contract	2,749,201	225,478	127,405	3,102,084	3,139,429	(37,344)
TOTAL INCOME	4,427,362	973,705	1,882,485	7,283,552	7,460,617	(177,064)
EXPENSES:						
Salaries	2,641,750	549,957	843,448	4,035,155	4,144,689	(109,534)
Employee Benefits	507,131	117,082	146,382	770,595	751,699	18,896
Medication Expense	78,290	-	14,064	92,354	96,372	(4,018)
Travel - Board/Staff	42,533	22,156	10,535	75,223	66,147	9,076
Building Rent/Maintenance	73,447	182	1,097	74,726	48,634	26,092
Consultants/Contracts	527,526	200,887	707,739	1,436,152	1,479,993	(43,841)
Other Operating Expenses	306,896	90,270	92,420	489,586	557,401	(67,816)
TOTAL EXPENSES	4,177,573	980,534	1,815,685	6,973,791	7,144,935	(171,145)
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	249,789	(6,829)	66,800	309,761	315,682	(5,919)
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	15,467	4,741	16,139	36,348	33,334	3,014
Capital Outlay - Debt Service	102,697	24,369	130,013	257,079	257,079	-
TOTAL CAPITAL EXPENDITURES	118,164	29,110	146,152	293,427	290,413	3,014
GRAND TOTAL EXPENDITURES	4,295,737	1,009,644	1,961,837	7,267,218	7,435,348	(168,131)
Excess (Deficiency) of Revenues and Expenses	131,626	(35,938)	(79,352)	16,331	25,268	(8,937)
Debt Service and Fixed Asset Fund:						
Debt Service	118,164	29,110	146,152	293,427	290,413	3,014
Excess (Deficiency) of Revenues over Expenses	118,164	29,110	146,152	293,427	290,413	3,014

TRI-COUNTY BEHAVIORAL HEALTHCARE Income and Expense Including Capital Expenditures



TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures



Agenda Item: Appoint New Director for the Independence Communities, Inc. (ICI) Board

Board Meeting Date

December 5, 2024

Committee: Business

Background Information:

Ms. Lois Livingston has expressed interest in serving as a Director on the Independence Communities, Inc. (ICI) Board.

Ms. Livingston will be serving for a term that would expire January 2027.

The current Board has four (4) members, with one Board member set to resign once replaced. Ms. Livingston was recommended by current Board member Cynthia Cunningham.

Supporting Documentation:

None

Recommended Action:

Appoint Ms. Lois Livingston to Serve on the Independence Communities, Inc. (ICI) Board for a Term which Expires January 2027

Agenda Item: Reappoint Independence Communities, Inc.
Board of Directors

Board Meeting Date:

December 5, 2024

Committee: Business

Background Information:

Mr. Leonard Peck serves on the Independence Communities, Inc. Board and has a term expiring in January 2025.

Mr. Leonard Peck has been contacted and is willing to serve an additional two-year term, which would expire in January 2027.

Supporting Documentation:

None

Recommended Action:

Reappoint Mr. Leonard Peck to Serve on the Independence Communities, Inc. Board of Directors for an Additional Two-Year Term Expiring in January 2027

Agenda Item: Reappoint Cleveland Supported Housing, Inc.
Board of Directors

Board Meeting Date:

December 5, 2024

Committee: Business

Background Information:

Ms. Margie Poole serves on the Cleveland Supported Housing, Inc. Board and has a term expiring in January 2025.

Ms. Margie Poole has been contacted and is willing to serve an additional two-year term, which would expire in January 2027.

Supporting Documentation:

None

Recommended Action:

Reappoint Ms. Margie Poole to Serve on the Cleveland Supported Housing, Inc. Board of Directors for an Additional Two-Year Term Expiring in January 2027

Agenda Item: Reappoint Montgomery Supported Housing, Inc.
Board of Directors

Board Meeting Date:

December 5, 2024

Committee: Business

Background Information:

Ms. Sharon Walker, Ms. Darin Bailey, and Mr. Michael Cooley serve on the Montgomery Supported Housing, Inc. Board and have terms expiring in January 2025.

Ms. Sharon Walker, Ms. Darin Bailey, and Mr. Michael Cooley have been contacted and are willing to serve an additional two-year term, which would expire in January 2027.

Supporting Documentation:

None

Recommended Action:

Reappoint Ms. Sharon Walker, Ms. Darin Bailey and Mr. Michael Cooley to Serve on the Montgomery Supported Housing, Inc. Board of Directors for an Additional Two-Year Term Expiring in January 2027

Agenda Item: Board of Trustees Unit Financial Statements as of October 2024

Board Meeting Date

December 5, 2024

Committee: Business

Background Information:

None

Supporting Documentation:

October 2024 Board of Trustees Unit Financial Statements

Recommended Action:

For Information Only

Unit Financial Statement

FY 2024

October 31, 2024

	October 2024 Budget	October 2024 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	\$ 1,942	\$ 1,942	\$ -	\$ 3,884	\$ 3,884	\$ -	100%	\$ 23,315
Total Revenue	\$ 1,942	\$ 1,942	\$ -	\$ 3,884	\$ 3,884	\$ -	100%	\$ 23,315
Expenses								
Insurance-Worker Compensation	\$ 4	\$ 2	\$ 2	\$ 8	\$ 4	\$ 4	50%	\$ 55
Legal Fees	\$ 1,500	\$ -	\$ 1,500	\$ 3,000	\$ 1,500	\$ 1,500	50%	\$ 18,000
Training	\$ 76	\$ -	\$ 76	\$ 152	\$ -	\$ 152	0%	\$ 910
Travel - Non-local mileage	\$ 58	\$ -	\$ 58	\$ 116	\$ -	\$ 116	0%	\$ 700
Travel - Non-local Hotel	\$ 258	\$ -	\$ 258	\$ 516	\$ -	\$ 516	0%	\$ 3,100
Travel - Meals	\$ 46	\$ -	\$ 46	\$ 92	\$ -	\$ 92	0%	\$ 550
Total Expenses	\$ 1,942	\$ 2	\$ 1,940	\$ 3,884	\$ 1,504	\$ 2,380	39%	\$ 23,315
Total Revenue minus Expenses	\$ 0	\$ 1,940	\$ (1,940)	\$ -	\$ 2,380	\$ (2,380)	61%	\$ -

Agenda Item: Cleveland Building Updates

Board Meeting Date:

December 5, 2024

Committee: Business

Background Information:

The Board has approved the construction of a 36,000 sq. ft. facility at 402 Liberty Street in Cleveland, Texas to meet program needs, and has contracted with Mike Duncum of WhiteStone Realty Consulting to serve as construction manager for the project.

Mike will provide regular updates on the Cleveland project at scheduled Board meetings until the project is completed.

Supporting Documentation:

None

Recommended Action:

For Information Only

UPCOMING MEETINGS

January 30, 2025 – Board Meeting

- Approve Minutes from December 5, 2024 Board Meeting
- Community Resources Report
- Consumer Services Report for November and December 2024
- Program Updates
- FY 2025 Goals & Objectives Progress Report First Quarter
- 1st Quarter FY 2025 Corporate Compliance and Quality Management Report
- 2nd Quarter FY 2025 Corporate Compliance Training
- Personnel Report for November and December 2024
- Texas Council Risk Management Fund Claims Summary for November and December 2024
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for November and December 2024
- Approve FY 2024 Independent Financial Audit
- 1st Quarter FY 2025 Investment Report
- Board of Trustees Unit Financial Statement as of November and December 2024
- Foundation Board Update
- HUD 811 Updates

February 27, 2025 – Board Meeting

- Approve Minutes from January 30, 2025 Board Meeting
- Longevity Recognition Presentations
- Community Resources Report
- Consumer Services Report for January 2025
- Program Updates
- Personnel Report for January 2025
- Texas Council Risk Management Fund Claims Summary as of January 2025
- Approve Financial Statements for January 2025
- Board of Trustees Unit Financial Statement as of January 2025

Tri-County Behavioral Healthcare Acronyms

Acronym	Name
1115	Medicaid 1115 Transformation Waiver
AAIDD	American Association on Intellectual and Developmental Disabilities
AAS	American Association of Suicidology
ABA	Applied Behavioral Analysis
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APM	Alternative Payment Model
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARDS	Assignment Registration and Dismissal Services
ASH	Austin State Hospital
ATC	Attempt to Contact
BCBA	Board Certified Behavior Analyst
BMI	Body Mass Index
C&Y	Child & Youth Services
CAM	Cost Accounting Methodology
CANS	Child and Adolescent Needs and Strengths Assessment
CARE	Client Assignment Registration & Enrollment
CAS	Crisis Access Services
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CCP	Charity Care Pool
CDBG	Community Development Block Grant
CFC	Community First Choice
CFRT	Child Fatality Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CIT	Crisis Intervention Team
CMH	Child Mental Health
CNA	Comprehensive Nursing Assessment
COC	Continuity of Care
COPSD	Co-Occurring Psychiatric and Substance Use Disorders
COVID-19	Novel Corona Virus Disease - 2019
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSC	Coordinated Specialty Care
CSHI	Cleveland Supported Housing, Inc.
CSU	Crisis Stabilization Unit
DADS	Department of Aging and Disability Services
DAHS	Day Activity and Health Services Requirements
DARS	Department of Assistive & Rehabilitation Services
DCP	Direct Care Provider
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services
DID	Determination of Intellectual Disability

DO	Doctor of Osteopathic Medicine
DOB	Date of Birth
DPP-BHS	Directed Payment Program - Behavioral Health Services
DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments
DUA	Data Use Agreement
DUNN	Dunn Behavioral Health Science Center at UT Houston
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EDO	Emergency Detention Order
EDW	Emergency Detention Warrant (Judge or Magistrate Issued)
EHR	Electronic Health Record
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
FTH	From the Heart
FY	Fiscal Year
HCBS-AMH	Home and Community Based Services - Adult Mental Health
HCS	Home and Community-based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IP	Implementation Plan
IPC	Individual Plan of Care
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ISS	Individualized Skills and Socialization
ITP	Individual Transition Planning (schools)
JDC	Juvenile Detention Center
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County
LMHA	Local Mental Health Authority
LMSW	Licensed Master Social Worker
LMFT	Licensed Marriage and Family Therapist
LOC	Level of Care (MH)
LOC-TAY	Level of Care - Transition Age Youth

LON	Level Of Need (IDD)
LOSS	Local Outreach for Suicide Survivors
LPHA	Licensed Practitioner of the Healing Arts
LPC	Licensed Professional Counselor
LPC-S	Licensed Professional Counselor-Supervisor
LPND	Local Planning and Network Development
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
LVN	Licensed Vocational Nurse
MAC	Medicaid Administrative Claiming
MAT	Medication Assisted Treatment
MCHC	Montgomery County Homeless Coalition
MCHD	Montgomery County Hospital District
MCO	Managed Care Organizations
MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MDCD	Medicaid
MDD	Major Depressive Disorder
MHFA	Mental Health First Aid
MIS	Management Information Services
MOU	Memorandum of Understanding
MSHI	Montgomery Supported Housing, Inc.
MST	Multisystemic Therapy
MTP	Master Treatment Plan
MVPN	Military Veteran Peer Network
NAMI	National Alliance on Mental Illness
NASW	National Association of Social Workers
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
OCR	Outpatient Competency Restoration
OIG	Office of the Inspector General
OPC	Order for Protective Custody
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCB	Private Contract Bed
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PHP-CCP	Public Health Providers - Charity Care Pool
PNAC	Planning Network Advisory Committee
PPB	Private Psychiatric Bed
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RAC	Routine Assessment and Counseling
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal

RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RP	Recovery Plan
RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SH	Supported Housing
SHAC	School Health Advisory Committee
SOAR	SSI Outreach, Access and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR Kids	State of Texas Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCOOMMI	Texas Correctional Office on Offenders with Medical & Mental Impairments
TCRMF	Texas Council Risk Management Fund
TDCJ	Texas Department of Criminal Justice
TEA	Texas Education Agency
TIC/TOC	Trauma Informed Care-Time for Organizational Change
TMHP	Texas Medicaid & Healthcare Partnership
TP	Treatment Plan
TRA	Treatment Adult Services (Substance Use Disorder)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Use Disorder)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
WSC	Waiver Survey & Certification
YCOT	Youth Crisis Outreach Team
YES	Youth Empowerment Services
YMHFA	Youth Mental Health First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

Updated June 14, 2024